



**Homeland Security
and Emergency Services**

Navigating E-Grants and Quarterly Reporting

All Participants will also need to call into the conference line for audio:

Phone: 1 (857) 232-0159

Conference Access Code: 852398

January 28, 2021

Navigating E-Grants and Quarterly Reporting

Agenda

- Overview/Introduction
- Creating/Submitting an Application
- Approved Projects and Contract Execution
- Quarterly Progress Reporting
- Quarterly Fiscal Reporting
- Amendments

Overview/Introduction

Overview/Introduction

- E-Grants is the grants management system DHSES uses to manage State and federal preparedness funding administered by Grants Program Administration (GPA). E-Grants tracks all projects from application submission, contract execution, and all contract amendments.
 - Registration form: <http://www.dhSES.ny.gov/grants/forms-egrants.cfm>
 - Once your account is established, you will receive an e-mail with your username and temporary password and the weblink
 - Important to reference E-Grants tutorials provided for each funding opportunity
- NYS Grants Gateway – all nonprofit organizations must also be prequalified in the Grants Gateway to apply for funding – grantsgateway@its.ny.gov or (518) 474-5595
 - <https://grantsmanagement.ny.gov/register-your-organization>
 - <https://grantsmanagement.ny.gov/get-prequalified>

Overview/Introduction

E-GRANTS SYSTEM

Please visit the [E-Grants Information](#) page for downloadable User Manual and Tutorials prior to using E-Grants for the first time.

You are attempting to gain access to a secure system and are required to read and acknowledge the Electronic Submission Notice prior to accessing the application.

Click on the **Electronic Submission Notice** button at the bottom of the page. After you have read and understand the notice, please click the Accept button and the login screen will appear.

If you are experiencing difficulties submitting applications or filing reports, call 1-866-837-9133 for assistance.



Click on the Electronic Submission Notice.



Overview/Introduction

Electronic Submission Notice

The New York State Division of Homeland Security and Emergency Services (DHSES) encourages the electronic submission of applications for grant funding as this method expedites the process, reduces the amount of paper materials involved in the grant award process, and minimizes the possibility of clerical errors.

By submitting an application electronically through E-Grants, it is unnecessary to forward any materials to DHSES. However, by submitting electronically, the applicant agrees that

1. The application is made with the full knowledge and consent of the official authorized to enter into contracts on behalf of the municipality or agency and agrees to comply with the requirements set forth in 'New York State Division of Homeland Security and Emergency Services Certified Assurances for Federally-supported Projects: Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements'
2. Upon receiving an award, the applicant shall comply with all applicable federal, state, and local statutes, rules and regulations and
3. Once the applicant receives an award, a contract will be developed based upon the information contained within the application, but the fully executed contract is the only document binding on the parties.

Before any application is submitted by a municipality or agency, the authorized signing official should read and agree to abide by provisions of the following documents which become a part of resulting contracts:

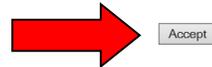
1. 'Appendix A: Standard Clauses for all New York State Contracts' and
2. 'Appendix A1: Agency-specific Clauses' (for DHSES).
3. 'Appendix C: Payment and Reporting Schedule'

It is important to note that DHSES may suspend funding, in whole or in part, terminate funding for, or impose another sanction on a grantee if it appears that the electronic submission of an application did not comply with the above requirements.

DHSES strongly recommends that the applicant:

1. Print the pertinent documents listed above - accessible at <http://www.dhSES.ny.gov/grants/>
2. Ensure review of the documents and signed approval by the authorized signing official.
3. Retain the documents for future reference. Do not send them to DHSES.

If an award is made and a contract is subsequently developed from the application, the contract package that is sent to the official for signature will contain the required documents.



Accept

125%

The Electronic Submission Notice must be read and acknowledged before accessing the system. Once you have read the notice, please click the **Accept** button and the login screen will appear.

HINT: Since this is a web based system you will be timed out after 30 minutes of inactivity and will lose any unsaved material. Hit **SAVE** often. Also if you have a lot of narrative to enter into E-Grants, type the information into a Word file and then copy and paste the verbiage into E-Grants

Overview/Introduction

E-GRANTS SYSTEM

Welcome to the New York State Division of Homeland Security and Emergency Services.

Please enter your login information.

Login Name:

Password:

New users, please **email DHSES** to set up and validate a new account.

Enter your ***Login Name***, ***Password*** and click on the ***Submit*** button.



Overview/Introduction

E-Grants

- Project** ←
- Attachment
- Progress
- Site Review
- Financial
- Property

Help

Logout

Login ID:
tgrantee
Change
Password

4.3.7

Welcome to DHSES E-Grants

Click the **Project** link to begin a new application, or return to an existing application or contract.

**New York State Division of Homeland Security and
Emergency Services**

E-GRANTS SYSTEM

Once you have logged in, the Welcome to E-Grants page will be displayed. Select **Project** from the left menu frame to open the list of projects that match the access rights of the user or to create a new project.

Overview/Introduction

Project Grid

E-Grants
Project Attachment Progress Site Review Financial Property
Help Logout
Login ID: tgrantee Change Password
4.3.19

Click on a Project number to view information for that Project. (click on column heading to sort by that column); or add a new Project.

< < > >

Total Records: 112, Page 1 of 8

Project #	Attachment	DHSES #	Participant	Representative	Project Status
CI15-1030-E00	no	WM16123456 WM15123123	Test County	Carol Stumpf	Pending Signatures
CI15-1031-E00	no		Test County		Application Denied
EM16-1062-E00	no	WM16111111	Test County	Carol Stumpf	Executed
HE16-1028-E00	no	WM16909090	Test County	Carol Stumpf	Amended
HE16-1028-E01	no	WM16909090	Test County	Carol Stumpf	Executed
HE16-1030-E00	no	WM16777777	Test County	Carol Stumpf	Amendment Pending
HE16-1030-E01	no	WM16777777	Test County	Carol Stumpf	Pending State Approval
HE16-1031-E00	no	WM16777777	Test County	Carol Stumpf	Amended
HE16-1031-E01	no	WM16777777	Test County	Carol Stumpf	Executed
HE16-1032-E00	yes	WM12356	Test County	Valerie Bloomer	Pending State Approval
HE16-1033-E00	no				New
HE16-1034-E00	yes	WM16789789	Test County	Carol Stumpf	Pending State Approval
HE16-1035-E00	no	WM16234432	Test County	Carol Stumpf	Amended
HE16-1035-E01	no	WM16234432	Test County	Carol Stumpf	Executed
HE16-1037-E00	no	WM16123555	Test County	Carol Stumpf	Pending Signatures

A list of currently active projects will be displayed. The grid will be empty if there are no projects associated with the user.

Creating and Submitting an Application

Application Submission Process

- Please be sure that you are reading all instructions that are provided in the Request for Applications (RFA) or Guidance documents you receive from DHSES. Each program has its specific requirements in terms of application submission. See below for the current list of programs and how to submit an application.

Applications Submitted in E-Grants	Applications E-mailed
<ul style="list-style-type: none"> -Nonprofit Security Grant Program (NSGP) -SHSP Competitive Targeted Grants (Tactical Team, Explosive Detection Canine; Critical Infrastructure, Cyber Security, Technical Rescue/USAR) -Statewide Interoperable Communications Grant Program – Formula (SICG-Formula) -Statewide Interoperable Communications Grant Program – Targeted (SICG-Targeted) -Public Safety Answering Points (PSAP) Grant Program -Recruitment and Retention Grant Program 	<ul style="list-style-type: none"> -State Homeland Security Program (SHSP) -SHSP Non-Competitive Targeted Grants (Bomb Squad Initiative; HazMat Grant Program) -Urban Area Security Initiative (UASI) -Emergency Management Performance Grant (EMPG) -Emergency Management Performance Grant COVID-19 Supplemental (EMPG-S) -Regional Catastrophic Preparedness Grant Program (RCPGP) -Targeted Violence and Terrorism Prevention Grant Program (TVTP) -Complex Coordinated Terrorist Attacks Grant Program (CCTA) -Hazardous Materials Emergency Preparedness Grant Program (HMEP)

Creating an E-Grants Application

Project Grid

E-Grants
Project Grid

Click on a Project number to view information for that Project. (click on column heading to sort by that column); or add a new Project.

Total Records: 112 ,Page 1 of 8

Project #	Attachment	DHSES #	Participant	Representative	Project Status
CI15-1030-E00	no	WM16123456 WM15123123	Test County	Carol Stumpf	Pending Signatures
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HE16-1028-E01	no	WM16909090	Test County	Carol Stumpf	Executed
HE16-1030-E00	no	WM16777777	Test County	Carol Stumpf	Amendment Pending
HE16-1030-E01	no	WM16777777	Test County	Carol Stumpf	Pending State Approval
HE16-1031-E00	no	WM16777777	Test County	Carol Stumpf	Amended
HE16-1031-E01	no	WM16777777	Test County	Carol Stumpf	Executed
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HE16-1034-E00	yes	WM16789789	Test County	Carol Stumpf	Pending State Approval
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HE16-1035-E01	no	WM16234432	Test County	Carol Stumpf	Executed
HE16-1037-E00	no	WM16123555	Test County	Carol Stumpf	Pending Signatures

A list of currently active projects will be displayed. The grid will be empty if there are no projects associated with the user. Click **New** to begin entering a new project. Please use the page navigation buttons at the top to display additional projects, if necessary.

Creating an E-Grants Application

The screenshot shows a web application interface for creating a new project. On the left is a dark blue sidebar with navigation links: E-Grants, Project Attachment, Award Progress, Site Review, Financial, Property, Audit, Utilities Security, Help Logout, Login ID: vbloomer, Change Password, and 4.0.0. The main content area is titled 'Project' and contains the instruction 'Select a Funding Program and Funding Year to Create a New Project'. Below this are two dropdown menus: 'Funding Program' with the placeholder '(Select a Program Office)' and 'Funding Year' with the placeholder '(Select a Funding Year)'. A 'Create Project' button is located below the dropdowns. Two red arrows point to the dropdown menus to draw attention to them.

It is EXTREMELY IMPORTANT that you select the correct Funding Program and Funding Year

Reference the E-Grants tutorial provided for each funding opportunity

To start a new application you will need to select a funding program and funding year from the drop down lists.

Creating an E-Grants Application

Project		Project #: TT16-1021-E00 [REDACTED]			Project Status: New		
		Participant: Test County					
Home Open Save Submit	General	Participants	Work Plan	Budget	Funding Allocation	Questions	Acceptance
	Complete screen information and save. Add a National Priority and Program Purpose Area (if applicable). Once finished, proceed to Participants tab. For contract certifications, appendices and supporting documentation, please visit the DHSES website for available downloads. When you have completed your application, click the SUBMIT link in the left margin. Remember, you will no longer be able to edit your application once it has been submitted.						
	Project Title * (60 Character Limit)		<input type="text"/>				
	Project Start Date	<input type="text"/>	(If known or applicable)	Submission Date	not submitted		
Project End Date	<input type="text"/>	(If known or applicable)	Grant Funds	\$5.00	100.00%		
Project Period	Years 0 Months 7		Matching Funds	\$0.00	0.00%		
			Total Funds	\$5.00			
Reports Application	County *	<input type="text"/>					
Help Logout	Summary Description of Project * (Please limit to one or two paragraphs)						
Login ID: tgrantee	<input type="text"/>						

This is the General Tab. Its important to reference the E-Grants tutorial for each funding opportunity. Mandatory fields are marked with *. The Summary Description of the Project should provide a brief description of the project.

When completed, click on the **Save** button at the bottom of the page or the **Save** option in the left frame.

Creating an E-Grants Application

Project Participant:

Home Open	General	Participants	Work Plan	Budget	Funding Allocation	Questions	Acceptance
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Click "Add Participant"* to begin a search of existing Grantees and Implementing Agencies, or click on the Participant Name to view the details for that Participant. If the contact information has changed for grantee, implementing agency or contact, please do not attempt to re-enter the information. [Email](#) DHSES with your corrections. When you have finished adding Participants, please go to the Workplan tab.

#	Participant Name	Participant Type	Remove
<input type="button" value="Add Participant"/>			Total Records: 0

*A Participant is a Grantee or an Implementing Agency. If the same organization or unit of government serves as both grantee and implementing agency, please enter your organization once only as the grantee. If a consortium, you may add multiple implementing agencies.

Reports Application

Contacts for Participant
 (One Implementing Agency must include Primary, Fiscal and Signatory contact information. You do not need to enter all contact types for all Participants)

#	Contact Name	Contact Type	Phone	Email	Remove
<input type="button" value="Add Contact"/>					Total Records: 0

Help Logout

Login ID: tgrantee

Now click on the **Participants** tab.

Participants can be Grantees and/or Implementing Agencies.

The municipality (county, city, town or village) or nonprofit organization should be listed as the grantee and municipal agency responsible for implementing the project should be listed as the implementing agency.

Creating an E-Grants Application

Project Participant:

Home Open

[General](#)
[Participants](#)
[Work Plan](#)
[Budget](#)
[Funding Allocation](#)
[Questions](#)
[Acceptance](#)

Click "Add Participant"* to begin a search of existing Grantees and Implementing Agencies, or click on the Participant Name to view the details for that Participant. If the contact information has changed for grantee, implementing agency or contact, please do not attempt to re-enter the information. [Email](#) DHSES with your corrections. When you have finished adding Participants, please go to the Workplan tab.

#	Participant Name	Participant Type	Remove
<div style="display: flex; justify-content: space-between; align-items: center;"> Add Participant Total Records: 0 </div> <p>*A Participant is a Grantee or an Implementing Agency. If the same organization or unit of government serves as both grantee and implementing agency, please enter your organization once only as the grantee. If a consortium, you may add multiple implementing agencies.</p>			

Go to Attachment Progress Site Review Financial Property
Reports Application

Contacts for Participant
 (One Implementing Agency must include Primary, Fiscal and Signatory contact information. You do not need to enter all contact types for all Participants)

#	Contact Name	Contact Type	Phone	Email	Remove
<div style="display: flex; justify-content: space-between; align-items: center;"> Add Contact Total Records: 0 </div>					

Help Logout
Login ID: tgrantee

Click **Add Participant**

Reminder for nonprofit organizations: make sure that you enter your organization's LEGAL name in E-Grants as the Participant. Please make sure that what you list in E-Grants matches what is listed in the NYS Grants Gateway prequalification document vault.

Creating an E-Grants Application

Project: **Participant:**

Project Status: **NEW**

Home Open	General	Participants	Work Plan	Budget	Funding Allocation	Questions	Acceptance
	<p>Enter Search Criteria</p> <p>You can search using the first few letters for Participant Name, Ein or City. Each word in the Participant Name will be searched on independently. Use commas to separate the other search criteria. For example - if you want to find City that start with letters A and W - type A,W in the City box.</p> <p>Participant Name <input type="text"/></p> <p>EIN <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text" value="v"/></p> <p>County <input type="text" value="v"/></p> <p><input type="button" value="Search"/></p>						

Go to
Attachment
Progress
Site Review
Financial
Property

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Application

Help
Logout

A search screen will open to search for an existing Participant. Enter full or partial name and click **OK** to search the database. If you previously applied for funding, your organization's information will be able to be retrieved using the search option.

Hint: *This search engine looks for exact matches so don't be **too** detailed in your search.*

Creating an E-Grants Application

Project

Participant: Test County

[Home](#)
[Open](#)

[Submit](#)

[Go to](#)
[Attachment](#)
[Progress](#)
[Site Review](#)
[Financial](#)
[Property](#)

[Reports](#)
[Application](#)

[Help](#)
[Logout](#)

Login ID:
tgrantee

Participant: Test County

General

Participants

Work Plan

Budget

Funding Allocation

Questions

Acceptance

Click on a Participant number to add that participant to the Project. Click on column heading to sort by that column. If the Participant you wish to add is not listed, click 'New' to create a new Participant.

Total Records: 7 ,Page 1 of 1

Search Criteria : AND ((Upper(Participant.Participant_Name) LIKE UPPER('test%')))

#	Participant Name	EIN	City	State
1	Test Canine Partner	111111111111111	albany	New York
2	Test County	00-0000000	Anytown	New York
3	Test County Emergency Management Office	000	Albany	New York
4	Test County Information Services Department	11	11	New York
5	Test County Sheriff's Office	11	11	New York
6	Test Participant	111	111	New York
7	Test Tech Rescue Team	00-00000	anywhere	New York

In this example, "Test" was input into the search window generating the above list. Choose the Participant you wish to add from the returned list by clicking on the blue # or participant name.

Creating an E-Grants Application

Project **Participant: Test County**

Home Open Submit Go to Attachment Progress Site Review Financial Property Reports Application Help Logout Login ID: tgrantee

General **Participants** Work Plan Budget Funding Allocation Questions Acceptance

Click on a Participant number to add that participant to the Project. Click on column heading to sort by that column. If the Participant you wish to add is not listed, click 'New' to create a new Participant.

Search View All New << < > >> Total Records: 7 ,Page 1 of 1

Search Criteria : AND ((Upper(Participant.Participant_Name) LIKE UPPER('test%')))

#	Participant Name	EIN	City	State
1	Test Canine Partner	111111111111111	albany	New York
2	Test County	00-0000000	Anytown	New York
3	Test County Emergency Management Office	000	Albany	New York
4	Test County Information Services Department	11	11	New York
5	Test County Sheriff's Office	11	11	New York
6		111	111	New York
7		00-00000	anywhere	New York

Project Add Participant Type - Windows Internet Explorer pro...
 Select the Participant Type that this Participant has for this Project.
 Grantee
 Grantee
 Implementing Agency
 Other

Message from webpage
 Participant has been added.
 OK

Select the appropriate participant type. The screen will refresh and click on the **Add** button. Reminder for nonprofit organizations: make sure that you use your organization's LEGAL name.

Creating an E-Grants Application

Project **Participant: Test County**

General **Participants** Work Plan Budget Funding Allocation Questions Acceptance

Click on a Participant number to add that participant to the Project. Click on column heading to sort by that column. If the Participant you wish to add is not listed, click 'New' to create a new Participant.

Search View All **New** << < > >> Total Records: 7 , Page 1 of 1

Search Criteria : AND ((Upper(Participant.Participant_Name) LIKE UPPER('test%')))

#	Participant Name	EIN	City	State
1	Test Canine Partner	111111111111111	albany	New York
2	Test County	00-0000000	Anytown	New York
3	Test County Emergency Management Office	000	Albany	New York
4	Test County Information Services Department	11	11	New York
5	Test County Sheriff's Office	11	11	New York
6	Test Participant		111	New York
7	Test Tech Rescue Team		anywhere	New York

Message from webpage

Are you sure you want to create a participant?

OK Cancel

If the participant is not in the database, you may add them by clicking the **New** button. And then **OK**. However, please **ENSURE** the participant is not already in the database to prevent duplicate entries.

Creating an E-Grants Application

Participant: West County		
General Participants Work Plan Budget Funding Allocation Questions Acceptance		
Home Open Save Submit Go to Attachment Progress Site Review Financial Property Reports Application Help Logout Login ID: tgrantee 4.3.7	Participant Type <input type="text" value="Other"/>	
	Participant Name * <input type="text"/>	
	Address * <input type="text"/>	
	Address2 <input type="text"/>	
	City * <input type="text"/> State * <input type="text" value="New York"/> Zip * <input type="text"/>	
	Phone <input type="text"/>	
	County * <input type="text"/>	
	Participant Fiscal Year/Period: Start Date <input type="text"/> End Date <input type="text"/>	
	A fiscal year (or financial year, or sometimes budget year) is a period used for calculating annual ("yearly") financial statements in businesses and other organizations. The fiscal year is not your DHSES contract period.	
	SFS Vendor Number <input type="text"/>	
Employer Identification Number * <input type="text"/>		
Municipality No <input type="text"/>		
Dun & Bradstreet No <input type="text"/>		
Charities Registration No <input type="text"/>		
<input type="checkbox"/> Not for Profit		

Enter the information to add a New Participant. Required fields are: Participant Name, Address, City, State, Zip, County and Employer Identification Number. Click on the **Save** button. While Participant Fiscal Year/Period, SFS Vendor Number and Dun & Bradstreet No. are not mandatory, please complete those fields as well. Mandatory data must be entered before the record can be saved.

Note: If you need to update information after the record has been saved, please email grant.info@dhses.ny.gov. Do not create a new participant.

Creating an E-Grants Application

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Login ID:
tgrantee

4.3.7

General	Participants	Work Plan	Budget	Funding Allocation	Questions	Acceptance																								
<p>Click "Add Participant"* to begin a search of existing Grantees and Implementing Agencies, or click on the Participant Name to view the details for that Participant. If the contact information has changed for grantee, implementing agency or contact, please do not attempt to re-enter the information. Email DHSES with your corrections. When you have finished adding Participants, please go to the Workplan tab.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #003366; color: white;"> <th style="width: 5%;">#</th> <th style="width: 60%;">Participant Name</th> <th style="width: 20%;">Participant Type</th> <th style="width: 15%;">Remove</th> </tr> </thead> <tbody> <tr style="background-color: #ffffcc;"> <td style="text-align: center;">1</td> <td>Test County</td> <td>Grantee</td> <td style="text-align: center;">X</td> </tr> <tr style="background-color: #ffffcc;"> <td style="text-align: center;">2</td> <td>Test County Information Services Department</td> <td>Implementing Agency</td> <td style="text-align: center;">X</td> </tr> </tbody> </table> <p style="text-align: right; margin-top: 5px;">Total Records: 2</p> <p style="margin-top: 10px;">*A Participant is a Grantee or an Implementing Agency. If the same organization or unit of government serves as both grantee and implementing agency, please enter your organization once only as the grantee. If a consortium, you may add multiple implementing agencies.</p> <p>Contacts for Participant TestCounty</p> <p>(One Implementing Agency must include Primary, Fiscal and Signatory contact information. You do not need to enter all contact types for all Participants)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #003366; color: white;"> <th style="width: 5%;">#</th> <th style="width: 35%;">Contact Name</th> <th style="width: 25%;">Contact Type</th> <th style="width: 15%;">Phone</th> <th style="width: 10%;">Email</th> <th style="width: 20%;">Remove</th> </tr> </thead> <tbody> <tr> <td colspan="6" style="text-align: center; padding: 5px;"> <div style="display: flex; justify-content: space-between; align-items: center;"> Add Contact to TestCounty Total Records: 0 </div> </td> </tr> </tbody> </table>							#	Participant Name	Participant Type	Remove	1	Test County	Grantee	X	2	Test County Information Services Department	Implementing Agency	X	#	Contact Name	Contact Type	Phone	Email	Remove	<div style="display: flex; justify-content: space-between; align-items: center;"> Add Contact to TestCounty Total Records: 0 </div>					
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2	Test County Information Services Department	Implementing Agency	X																											
#	Contact Name	Contact Type	Phone	Email	Remove																									
<div style="display: flex; justify-content: space-between; align-items: center;"> Add Contact to TestCounty Total Records: 0 </div>																														

Next you will add Contacts to the Participants. E-Grants **requires** a Primary, Signatory, and Fiscal Contact. The signatory contact must be authorized to sign contracts on behalf of the organization. Please designate only one person as the primary contact and one person as the signatory contact for the grant. The Primary Contact will receive all correspondence related to the grant. Both Primary and Signatory Contacts must be registered users of the E-Grants system.

Creating an E-Grants Application

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Login ID:
tgrantee

4.3.7

General	Participants	Work Plan	Budget	Funding Allocation	Questions	Acceptance
<p>Click "Add Participant"* to begin a search of existing Grantees and Implementing Agencies, or click on the Participant Name to view the details for that Participant. If the contact information has changed for grantee, implementing agency or contact, please do not attempt to re-enter the information. Email DHSES with your corrections. When you have finished adding Participants, please go to the Workplan tab.</p>						
#	Participant Name	Participant Type			Remove	
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2	Test County Information Services Department	Implementing Agency			X	
<input type="button" value="Add Participant"/>						Total Records: 2
<p>*A Participant is a Grantee or an Implementing Agency. If the same organization or unit of government serves as both grantee and implementing agency, please enter your organization once only as the grantee. If a consortium, you may add multiple implementing agencies.</p>						
<p>Contacts for Participant <input type="text" value="TestCounty"/> </p> <p>(One Implementing Agency must include Primary, Fiscal and Signatory contact information. You do not need to enter all contact types for all Participants)</p>						
#	Contact Name	Contact Type	Phone	Email	Remove	
<input type="button" value="Add Contact to TestCounty"/>						Total Records: 0

Use the drop-down “**Contacts for Participants**” to select the correct participant, then click on **Add Contact** to button.

Creating an E-Grants Application

Home Open	General	Participants	Work Plan	Budget	Funding Allocation	Questions	Acceptance
Submit	<p>Enter Search Criteria</p> <p>You can search using the first few letters for First Name, Last Name, Agency, Title or City. Use commas to separate search criteria. For example - if you want to find a Last Name that start with letters A and W - type A,W in the Last Name box.</p>						
Go to Attachment Progress Site Review Financial Property	First Name	<input type="text"/>					
Reports Application	Last Name	<input type="text"/>					
Help Logout	Agency	<input type="text"/>					
Login ID: tgrantee	Title	<input type="text"/>					
	City	<input type="text"/>					
	State	<input type="text"/>					
	Search	<input type="button" value="Search"/>					

A search screen will open to search for an existing contact. Enter partial name and click **OK** to search the database. **Hint:** *This search engine looks for exact matches so don't be **too** detailed in your search.* Again, if you previously applied for funding, your information will be able to be retrieved using the search option.

Creating an E-Grants Application

Project **Participant: Test County**

[Home](#) | [Open](#) | [General](#) | [Participants](#) | [Work Plan](#) | [Budget](#) | [Funding Allocation](#) | [Questions](#) | [Acceptance](#)
[Contract](#) | [Descriptors](#) | [Tracking](#) | [Review](#) | [Activity Log](#)

Submit Click on a Contact number to add that Contact to the Project. Click on column heading to sort by that column.

Total Records: 8 ,Page

#	Last Name	First Name	Agency	Title	City
1	Fiscal	Test			11
2	Grantee	Tester			ALbany
3	Newuser	Test			test
4	Person	Testus			city
5	Signatory	Testsig			sdf
6	Signatory1	Test			albany
7	Signatory2	Test			lkjlkj
8	User	Test			

Search Criteria : AND ((Upper(Contact_Person.First_Name) LIKE UPPER('test%')))

Project Add Contact Type - Internet Explorer

Select the Contact Type that this person has for this Project.

Primary

If your contact is found in the search, click on the blue # or last name. A popup box will appear asking to select the Contact Type. Click on the **Add** button.

Creating an E-Grants Application

Participant: New Test Participant

Home Open Submit

General Participants Work Plan Budget Funding Allocation Questions Acceptance

Contract Descriptors Tracking Review Activity Log

Click on a Contact number to add that Contact to the Project. Click on column heading to sort by that column.

Search View All New Contact Total Records: 12 ,Page 1 of 1

#	Last Name	First Name	Agency	Title	City
1	Miller	Test	agency	title	city
2	Signatory	Test	DCJS, Test	asdf	sdf
3	Test	Fiscal	test	test	test
4	Test	Primary	test	test	test
5	Test	Signatory	test	test	test
6	Testa	John	test	Director	Peekskill
7	Tester	Fi	test	Director	Test
8	Tester	Pr	test	Director	Test
9	Testo	Ge	test	Director of Finance	Troy
10	User	Te	test	Director	lkjlkj
11	signatory	te	test	Director	adf
12	testprimary	be	test	Director	city

Search Criteria : AND (((Upper(test%))))

Project Add Contact Type - Microsoft Internet E... this Project.

Select the Contact Type: Primary

Add

Message from webpage

Contact has been added.

OK

A pop up box will then appear letting you know the contact has been successfully added. Continue selecting and adding contacts until you are finished. Remember a Primary, Signatory and Fiscal contact must be chosen.

Creating an E-Grants Application

The screenshot shows a web application interface with a modal dialog box open. The dialog box is titled "Project Add Contact Type - Microsoft Internet E..." and contains the following text:

Select the Contact Type that this person has for this Project.

Primary

Add

The signatory contact must be a valid user of the E-Grants system before they can be added to a project. The user is matched by first name, last name and email. Please contact OHS staff to add a signatory to the E-Grants login registration.

The background interface shows a table with the following columns: Agency, Title, City. The table contains 12 records. The search criteria displayed at the bottom of the table is: AND (((Upper(Contact_Person.First_Name) LIKE Upper('%test%')) or ((Upper(Contact_Person.Last_Name) LIKE Upper('%test%'))))

Agency	Title	City
Agency	title	city
S, Test	asdf	sdf
	test	test
	test	test
	test	test
of Peekskill	Mayor	Peekskill
t OHS		Test
t OHS		Test
Unity House of Troy, Inc.	Director of Finance	Troy
DCJS Test	kljlkj	lkjlkj
	test-ben	adf
	agency	city

REMEMBER - If the Signatory Contact you are trying to add is not a registered user of E-Grants with Signatory rights, you will get the above error message and you will not be able to add that person until they are a registered user. Please contact grant.info@dhses.ny.gov if you need help registering someone as a signatory contact. You can however continue working on other parts of your application **but** you will not be able to submit the application without a signatory attached.

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Project **Participant: Test County**

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[Contract](#) | [Descriptors](#) | [Tracking](#) | [Review](#) | [Activity Log](#)

Click on a Contact number to add that Contact to the Project. Click on column heading to sort by that column.

←
<< < > >>
Total Records: 8 ,Page 1 of

#	Last Name	First Name	Agency	Title	City
1	Fiscal	Test			11
2	Grantee	Tester	NYS-OHS	Pro Rep	ALbany
3	Newuser	Test			test
4	Person	Testus	Here		
5	Signatory	Testsig	Agency		city
6	Signatory1	Test	DCJS, Test	County Executive	sdf
7	Signatory2	Test	DHSES		albany
8	User	Test	DCJS Test	kljlkj	lkjlkj

Search Criteria : AND ((Upper(Contact_Person.First_Name) LIKE UPPER('test%')))

[Reports](#) | [Application](#) | [Deficiency](#) | [Draft Contract](#)
[Help](#) | [Logout](#)
 Login ID: vbloomer
 4.3.7

If you need to add a new contact, click **New Contact** and the screen will refresh.

Creating an E-Grants Application

Project **Participant: New Test Participant**

General	Participants	Work Plan	Budget	Funding Allocation	Questions	Acceptance
Contract	Descriptors	Tracking	Review	Activity Log		

Login ID: vbloomer
 2.2.6

Contact Type: Primary

First Name: M Last Name:

Agency:

Title:

Salutation:

Address:

Address2:

City: State: Zip:

County:

Email:

Please note: Without a valid email address, automated notification will not occur.

Phone: Ext.

Cell Phone:

Fax:

* - Mandatory Field

Select the Contact type from the drop down box (circled in red). Required fields are First Name, Last Name, Agency, Address, City, State, Zip, Email and Phone Number. Click on the **Save** button. Mandatory data must be entered before the record can be saved. Add a **new** contact **only** after verifying the person is not already in the system. If changes are necessary to an existing record, please email grant.info@dhses.ny.gov - Do not create a new contact.



Creating an E-Grants Application

Participant: **Test County**

General	Participants	Work Plan	Budget	Funding Allocation	Questions	Acceptance
---------	--------------	-----------	--------	--------------------	-----------	------------

[Home](#) | [Open](#) | [Submit](#) | [Go to Attachment](#) | [Award](#) | [Progress](#) | [Site Review](#) | [Financial](#) | [Property](#) | [Audit](#) | [Reports](#) | [Application](#) | [Help](#) | [Logout](#) | Login ID: vbloomer | 4.3.7

Contract	Descriptors	Tracking	Review	Activity Log
----------	-------------	----------	--------	--------------

Click "Add Participant" to begin a search of existing Grantees and Implementing Agencies, or click on the Participant Name to view the details for that Participant. If the contact information has changed for grantee, implementing agency or contact, please do not attempt to re-enter the information. [Email](#) DHSES with your corrections. When you have finished adding Participants, please go to the Workplan tab.

#	Participant Name	Participant Type	Remove
1	Test County	Grantee	X
2	Test County Information Services Department	Implementing Agency	X

Total Records: 2

*A Participant is a Grantee or an Implementing Agency. If the same organization or unit of government serves as both grantee and implementing agency, please enter your organization once only as the grantee. If a consortium, you may add multiple implementing agencies.

Contacts for Participant: (One Implementing Agency must include Primary, Fiscal and Signatory contact information. You do not need to enter all contact types for all Participants)

#	Contact Name	Contact Type	Phone	Email	Remove
1	Tester Grantee	Primary	518-457-9214	cstumpf@dhse.ny.gov	X
2	Test Fiscal	Fiscal	999-999-99999	carol.stumpf@dhse.ny.gov	X
3	Test signatory2	Signatory	518-242-5099	vbloomer@dhse.ny.gov	X

Total Records: 3

This is an example of a completed Participants Tab screen.

Creating an E-Grants Application

The screenshot shows the E-Grants application interface for 'Participant: Test County'. The 'Work Plan' tab is highlighted with a red circle. The interface includes a navigation menu on the left with options like Home, Open, Save, Submit, Go to Attachment, Award, Progress, Site Review, Financial, Property, Audit, Reports, Application, Help, Logout, Login ID: vbloomer, and 4.3.13. The main content area shows a 'Project Goal' text box with the text: 'To support cyber security preparedness capabilities within New York State's local governments.' Below the text box are 'Save' and 'Check Spelling' buttons. A red arrow points to a 'Create New Objective' button.

Now click the **Work Plan** Tab and enter the Project Goal. Reference the E-Grants tutorial for each funding opportunity for the template workplan information to be entered.

Once you have entered the Project Goal, click on **Save**. Then click on **Create New Objective**.

Creating an E-Grants Application

The screenshot shows a web application interface for creating an E-Grants application. At the top, the 'Project' is identified as 'Participant: Test County'. Below this is a navigation menu with tabs for 'General', 'Participants', 'Work Plan', 'Budget', 'Funding Allocation', and 'Queries'. Under the 'Work Plan' tab, there are sub-sections for 'Contract', 'Descriptors', 'Tracking', and 'Review'. On the left side, there is a vertical menu with options: 'Home', 'Open', 'Save', 'Submit', 'Go to Attachment Award Progress Site Review Financial Property Audit', 'Reports Application', 'Help Logout', 'Login ID: vbloomer', and '4.3.7'. The main content area displays the 'Objective (Please enter an Objective and Save.)' and a dropdown menu for 'G & T Work Plan Codes (One per each Objective) - Show All'. The dropdown menu is open, showing a list of 29 codes with their corresponding descriptions. At the bottom of the dropdown, there are 'Save', 'Cancel', and 'Check Spelling' buttons.

Code	Description
01.	Establish/enhance a terrorism intelligence/early warning system, center, or task force.
02.	Establish/enhance agro-terrorism preparedness capabilities.
03.	Establish/enhance cyber security program.
04.	Establish/enhance emergency operations center.
05.	Establish/enhance regional response teams.
06.	Establish/enhance sustainable homeland security training program.
07.	Administer and manage the Homeland Security Grant.
08.	Establish/enhance sustainable Homeland Security Planning Program.
09.	Establish/enhance citizen awareness of emergency preparedness, prevention and response.
10.	Establish/enhance citizen / volunteer initiatives.
11.	Adopt and implement NIMS to include integration of core concepts into plans and procedures.
12.	Assess vulnerability of and/or harden/protect critical infrastructure and key assets.
13.	Build/enhance a pharmaceutical stockpile and/or distribution network.
14.	Develop/enhance interoperable communications system.
15.	Enhance capability to support international border and waterway security.
16.	Establish/enhance a public health surveillance system.
17.	Establish/enhance Citizen Corps Councils.
18.	Establish/enhance explosive ordnance disposal units/bomb squads.
19.	Establish/enhance public-private emergency preparedness program.
20.	Establish/enhance sustainable homeland security exercise program.
21.	Manage, update and/or implement the State Homeland Security Strategy.
22.	Manage, update and/or implement the Urban Area Homeland Security Strategy.
23.	Develop/enhance plans, procedures, and protocols.
24.	Develop/enhance homeland security/emergency management organization and structure.
25.	Enhance integration of metropolitan area public health/medical & emergency management.
26.	Establish/enhance mass care shelter and alternative medical facilities operations.
27.	Establish/enhance emergency plans and procedures to reflect the National Response Plan.
28.	Develop/enhance state and local geospatial data system/Geographic Information System.
29.	Enhance capabilities to recover from all-hazards event.

A new screen will be generated with several drop down boxes. Click on the **G & T Work Plan Code** box and select the correct G & T Work Plan Code as outlined in the E-Grants tutorial for each funding opportunity.

Creating an E-Grants Application

Project		Participant: Test County					
Home Open Save Submit Go to Attachment Award Progress Site Review Financial Property Audit Reports Application Help Logout Login ID: vbloomer 4.3.7	General	Participants	Work Plan	Budget	Funding Allocation	Questions	Acceptance
	Contract	Descriptors	Tracking	Review	Activity Log		
Objective (Please enter an Objective and Save.)							
G & T Work Plan Codes (One per each Objective) - Show All							
03. Establish/enhance cyber security program.							
Investment Justification - Show All							
Cyber Security 							
Capability Development: <input type="text"/>							
Deployable? <input type="text"/>							
Shareable? <input type="text"/>							
Does this project support a previous Homeland Security investment? <input type="text"/>							
If yes, in which Funding Year? <input type="text"/>							
Does this project support a NIMS typed resource? <input type="text"/>							
If yes, enter the name and ID of the typed resource from the Resource Typing Library Tool :							
<input type="text"/>							
Description							
<input type="text"/>							
<input type="button" value="Save"/> <input type="button" value="Cancel"/> <input type="button" value="Check Spelling"/>							

The fields marked by the red box only appear for Homeland Security Grant Program (HSGP) and Emergency Management Performance Grant (EMPG) projects as they are required for the biannual report to FEMA.

Creating an E-Grants Application

Project **Participant: Test County**

Home	General	Participants	Work Plan	Budget	Funding Allocation	Questions	Acceptance
Open	Contract	Descriptors	Tracking	Review	Activity Log		
Save							

Submit Please enter a Project Goal and Save. Then move on to add Objectives and Tasks.

Go to Attachment Award Progress Site Review Financial Property Audit

Project Goal

To support cyber security preparedness capabilities within New York State's local governments.

Save **Check Spelling**

Reports Application Use this summary to track your progress through the Workplan. Once you have created an Objective, please add the Tasks and Performance Measures associated with that Objective before moving on to create new Objectives. Once you have finished your Workplan, please go to the Budget tab.

Click on the Objective or Task Name to view the details or **Create New Objective**

Help Logout

Login ID: vbloomer

4.3.13

Objective #1
 G & T Workplan Code - 03. Establish/enhance cyber security program.
 Investment Justification - Cyber Security
 Capability Development - Build
 Deployable? - No
 Shareable? - No
 Does this project support a previous Homeland Security investment? - No
 Does this project support a NIMS typed resource? - No
 NYS Critical Capability
 Primary - Cyber Security

Objective Narrative	Delete
To enhance cyber security preparedness capabilities.	X

Add Task to this Objective

Task #1 for Objective #1	Delete
Purchase allowable cyber security equipment. Train...	X

Add PerformanceMeasure to this Task

#	Performance Measure	Delete
1	Identify equipment ordered and received. Provide a...	X

125%

This is an example of a completed work plan for purchasing equipment. Each objective must have at least one task, and each task must have at least one performance measure.

Creating an E-Grants Application

Home
Open
Save

Submit

Go to
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Logout

Login ID:
vbloomer

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Participant: Test County

General	Participants	Work Plan	Budget	Funding Allocation	Questions	Acceptance
Contract	Descriptors	Tracking	Review	Activity Log		

Please enter budget information. If you are requesting an advance, please enter the amount requested and the justification, then save the screen before proceeding. You may edit the Advance if necessary at a later time. Enter budget information by participant. If you will only be operating with one budget, please enter the budget for the Grantee agency. For consortia, you may enter budgets by individual implementing agency. Once you have finished your Budget, please answer program Specific Questions on the Questions tab (if applicable).

Budget Summary

Participant	Grant Funds	Matching Funds	Total
Test County	\$0.00		\$0.00
Test County Information Services Department	\$0.00		\$0.00
Total	--	--	\$0.00

Advance Request Amount (If not requesting an advance, please skip) \$

Advance Request Justification (200 character limit)

Budget Summary by Participant
Test County

Test County Information Services Department
 ←

Click the **Budget** tab. You must have a participant and a completed Work Plan before you can enter a budget. If you have an implementing agency, the budget should be created under the implementing agency.

Creating an E-Grants Application

Project **Participant:** New Test Participant

General	Participants	Work Plan	Budget	Funding Allocation	Questions	Acceptance
Contract	Descriptors	Tracking	Review	Activity Log		

You may continue to add budget lines from this screen. Choosing different budget categories will change the page heading, reminding you what budget category you are working in. You will also see an updated summary of your entries for each category at the top of the screen. When finished, return to the Budget Summary screen to see your updated budget.

Personnel Budget for New Test Participant Version 1

Choose a different Category to work on: Personnel or Back to Budget Summary

Personnel
 Fringe Benefits
 Consultant Services
 Equipment
 Supplies
 Travel and Subsistence
 Rental of Facilities
 Alterations and Renovations
 All Other Expenses

Add information for a new budget line item

Description *

Number *	Unit Cost *		Total Funds
<input style="width: 50px;" type="text" value="1"/>	x \$ <input style="width: 50px;" type="text" value="0.00"/>	=	\$ <input style="width: 50px;" type="text" value="0.00"/>

Total Funds	Matching Funds		Grant Funds
\$ <input style="width: 50px;" type="text" value="0.00"/>	- \$ <input style="width: 50px;" type="text" value="0.00"/>	=	\$ <input style="width: 50px;" type="text" value="0.00"/>

Justification *

Back to Budget Summary
Save
Check Spelling

* - Mandatory Field

Each budget item is entered separately. Choose the category of the budget item you are entering from the drop down box. As you can see there are nine budget categories.

Creating an E-Grants Application

Project **Participant: New Test Participant**

[Home](#) [Open](#) [Save](#) [Submit](#) [Go to Attachment](#) [Award](#) [Progress](#) [Site Review](#) [Financial](#) [Property](#) [Audit](#) [Reports](#) [Application](#) [Help](#) [Logout](#) [Login ID: vbloomer](#) 2.2.6

[General](#) [Participants](#) [Work Plan](#) **[Budget](#)** [Funding Allocation](#) [Questions](#) [Acceptance](#)

[Contract](#) [Descriptors](#) [Tracking](#) [Review](#) [Activity Log](#)

You may continue to add budget lines from this screen. Choosing different budget categories will change the page heading, reminding you what budget category you are working in. You will also see an updated summary of your entries for each category at the top of the screen. When finished, return to the Budget Summary screen to see your updated budget.

Equipment Budget for New Test Participant Version 1

Choose a different Category to work on: or

Add information for a new budget line item and press Save.

Description *

Number * Unit Cost * Total Funds
 x \$ = \$0.00

Total Funds Matching Funds Grant Funds
 \$0.00 - \$ = \$0.00

Authorized Equipment List (AEL) Number *

Find AEL numbers at [Responder Knowledge Base](#)

Justification *

* - Mandatory Field

Mandatory fields for a budget item are Description, Number, Unit Cost and Justification. If entering an Equipment item, an Authorized Equipment List (AEL) Number is also mandatory.

The link to the AEL is <https://www.fema.gov/grants/guidance-tools/authorized-equipment-list>

When finished with the item click **Save**.

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Save

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vbloomer

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General	Participants	Work Plan	Budget	Funding Allocation	Questions	Acceptance
Contract	Descriptors	Tracking	Review	Activity Log		

You may continue to add budget lines from this screen. Choosing different budget categories will change the page heading, reminding you what budget category you are working in. You will also see an updated summary of your entries for each category at the top of the screen. When finished, return to the Budget Summary screen to see your updated budget.

Equipment Budget for Test County Version 1

Choose a different Category to work on: or

Add information for a new budget line item and press Save.

Description *

Number *	Unit Cost *		Total Funds
<input type="text" value="1"/>	\$ <input type="text" value="50000"/>	=	\$0.00

Total Funds	Matching Funds		Grant Funds
\$0.00	- \$ <input type="text" value="0.00"/>	=	\$0.00

Authorized Equipment List (AEL) Number *
[Click here to find AEL numbers](#)

Justification *

* - Mandatory Field

This is an example of a completed equipment budget line.

Creating an E-Grants Application

Participant: Test County

General Participants Work Plan **Budget** Funding Allocation Questions Acceptance

Contract Descriptors Tracking Review Activity Log

You may continue to add budget lines from this screen. Choosing different budget categories will change the page heading, reminding you what budget category you are working in. You will also see an updated summary of your entries for each category at the top of the screen. When finished, return to the Budget Summary screen to see your updated budget.

Equipment Budget for Test County Version 1

#	Description	Number	Unit Cost	Total Cost	Grant Funds	Matching Funds	Deficient
1	Encryption Software	1	\$50,000.00	\$50,000.00	\$50,000.00	\$0.00	no
Total				\$50,000.00	\$50,000.00	\$0.00	

Choose a different Category to work on: or

Edit information for this budget line item and press Save or 

Description *

Number * Unit Cost * Total Funds
 x \$ = \$50,000.00

Total Funds Matching Funds Grant Funds
 \$50,000.00 - \$ = \$50,000.00

Authorized Equipment List (AEL) Number *
[Click here to find AEL numbers](#)

Justification *

* - Mandatory Field

Once you have saved the budget item, the screen will refresh and the **Add Funding Allocation for this Budget item** icon will appear. Click on the icon. The screen will advance to Funding Allocation Tab. You must enter a budget item before you can enter funding allocation data.

Creating an E-Grants Application

Participant: Test County

General	Participants	Work Plan	Budget	Funding Allocation	Questions	Acceptance
Contract		Descriptors		Tracking	Review	Activity Log
Budget Item Description - Encryption Software						
Number	Unit Cost	Total Funds	Matching Funds	Grant Funds		
1	x \$ 50,000.00	= \$50,000.00	- \$ 0.00	= \$50,000.00		
Justification - For protecting stored data files or email messages						
G and T Workplan						
G and T Workplan Code		Description			Remove	
ECS		03. Establish/enhance cyber security program.			X	
National Priority						
National Priority Code		Description			Remove	
III		03. Implement the National Infrastructure Protection Plan (NIPP)			X	
Priority Project/State Strategy Goal						
Priority Project Code		Description			Remove	
S10		State Strategy Goal: Enhance Cyber Security Capabilities			X	
Spending Subcategory						
Code	Description	Amount	Remove			
QCS	Equipment-Cyber Security Enhancement Equipment	\$ 50,000.00	X			
		Total	\$ 50,000.00			
Spending Discipline						
Code	Description	Amount	Remove			
ECS	Equipment-Cyber Security	\$ 50,000.00	X			
		Total	\$ 50,000.00			
<input type="button" value="Finished with this Item"/>						

This is an example of a completed Funding Allocation. It is important to reference the E-Grants tutorial provided for each funding opportunity as the information is specific to each program.

Click **Finished with this Item** to add another budget item.

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Project **Participant: Test County**

General	Participants	Work Plan	Budget	Funding Allocation	Questions	Acceptance
Contract	Descriptors	Tracking	Review	Activity Log		

Please enter budget information. If you are requesting an advance, please enter the amount requested and the justification, then save the screen before proceeding. You may edit the Advance if necessary at a later time. Enter budget information by participant. If you will only be operating with one budget, please enter the budget for the Grantee agency. For consortia, you may enter budgets by individual implementing agency. Once you have finished your Budget, please answer program Specific Questions on the Questions tab (if applicable).

Budget Summary

Participant	Grant Funds	Matching Funds	Total
Test County	\$50,000.00		\$50,000.00
Total	100.00%	0.00%	\$0.00

Advance Request Amount (If not requesting an advance, please skip) \$

Advance Request Justification (200 character limit)

Budget Summary by Participant
Test County

Version 1 - [Edit](#) (Click here to add more lines to budget categories)

#	Equipment	Number	Unit Cost	Total Cost	Grant Funds	Matching Funds	Delete
1	Encryption Software	1	\$50,000.00	\$50,000.00	\$50,000.00	\$0.00	X
Total				\$50,000.00	\$50,000.00	\$0.00	

Version 1 Total	Total Cost	Grant Funds	Matching Funds
	\$50,000.00	\$50,000.00	\$0.00

(Do not add a second budget version unless instructed to do so by DHSES.)

The next step is to attach any required attachments. To add Attachments, click on **Attachment** on the left side.

Creating an E-Grants Application

Attachment **Participant: Test County**

Home Open
Go to Project Award Progress Site Review Financial Property Audit
Help Logout
 Login ID: vbloomer
 4.3.13

Before uploading files, please make sure that your files adhere to the following guidelines:
 When uploading files, do not upload documents that contain personally identifying information or other information of a sensitive nature. If you are unsure as to the appropriateness of a document you wish to upload, please contact DHSES at 1-866-837-9133, or via [email](#).
 Do not use special characters in your filename, i.e., imbedded ?, !, @, #, \$, %, &, *, ", ', etc. may cause access problems later.
~~Should you upload a file by mistake, you will not be able to delete it.~~ Simply identify the bad file in the project narrative, and your program representative will remove it later.
 Only the following file extensions are valid:
 Data files: .doc, .docx, .wpd, .xls, .xlsx, .qpw, .wk(x), .rtf, .txt, .html
 Image files: .gif, .jpg, .tiff, .bmp, .pdf

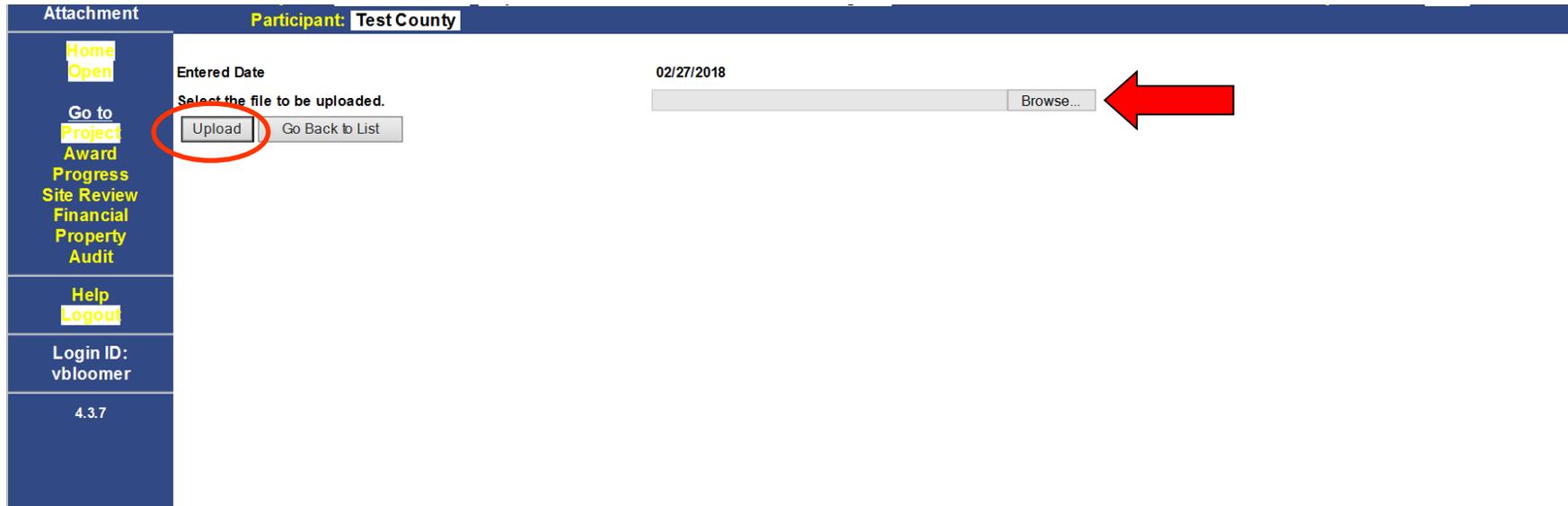
Click on Attachment Name to view or download.

#	Entered	Attachment Name	Delete
New			

Total Records

Click on **New** to attach a file to your application. Please note the appropriate file types that can be uploaded.

Creating an E-Grants Application



The screenshot shows the 'Attachment' section of the E-Grants application. The participant is 'Test County'. The 'Entered Date' is '02/27/2018'. The instruction is 'Select the file to be uploaded.' There is a file input field with a 'Browse...' button and a red arrow pointing to it. Below the input field are 'Upload' and 'Go Back to List' buttons. The 'Upload' button is circled in red. The left sidebar contains navigation links: Home, Open, Go to Project, Award, Progress, Site Review, Financial, Property, Audit, Help, Logout, Login ID: vbloomer, and version 4.3.7.

Click **Browse** to navigate to the file location and select the appropriate file. Once the file is selected, click **Upload** to send the file to E-Grants.

File names cannot have any special characters (# or *) or be more than 65 characters.

Creating an E-Grants Application

The screenshot displays a web interface for creating an e-grants application. At the top, it says "Attachment" and "Participant: Test County". A red box highlights a confirmation message: "The file Test File.docx has been uploaded." Below this, there is a section for "Entered Date" with the date "02/27/2018" and a "Browse..." button. There are also "Upload" and "Go Back to List" buttons. On the left side, there is a navigation menu with links for "Home", "Open", "Go to Project Award Progress Site Review Financial Property Audit", "Help", "Logout", "Login ID: vbloomer", and "4.3.7".

When the file has been uploaded you will receive a confirmation. Click **Browse** to add another file, or click **Go Back to List** to view the list of files that have been attached to the application.

Creating an E-Grants Application

Participant: **Test County**

Attachment

Home

Open

Go to

Project

Progress

Site Review

Financial

Property

Help

Logout

Login ID:

tgrantee

4.3.19

New

Total Records: 1

Before uploading files, please make sure that your files adhere to the following guidelines:

When uploading files, do not upload documents that contain personally identifying information or other information of a sensitive nature. If you are unsure as to the appropriateness of a document you wish to upload, please contact DHSES at 1-866-837-9133, or via [email](#).

Do not use special characters in your filename, i.e., imbedded ? , ! , @ , # , \$, % & , * , ' , ; , etc. may cause access problems later.

Should you upload a file by mistake, you will not be able to delete it. Simply identify the bad file in the project narrative, and your program representative will remove it later.

Only the following file extensions are valid:
 Data files: .doc, .docx, .wpd, .xls, .xlsx, .qpw, .wk(x), .rtf, .txt, .html
 Image files: .gif, .jpg, .tiff, .bmp, .pdf

Click on Attachment Name to view or download.

#	Entered	Attachment Name
1	09/08/2016	LE16-1052-E00-AttachmentID-33855-Test upload.docx

A list of files that have been attached to the application appears. You may click on the file name to view the file. Click on **Project** to go back to your application.

Creating an E-Grants Application

Project **Participant: Test County**

Home Open Submit Go to Attachment Award Progress Site Review Financial Property Audit Reports Application Help	General	Participants	Work Plan	Budget	Funding Allocation	Questions	Acceptance
	Contract	Descriptors		Tracking	Review	Activity Log	

Click on the Question to answer it. Please answer all Program Specific Questions.

#	Question	Answer
1	Have you completed and uploaded the RFA Worksheet? The RFA Worksheet is a REQUIRED attachment for the application submission.	Yes I have. Thanks for the reminder.

Total Records: 1 ,Page 1 of 1

Click the **Questions tab**. Click on any questions that appear, enter your answer and click on **Save**. The screen will refresh and your answers will appear.

Creating an E-Grants Application

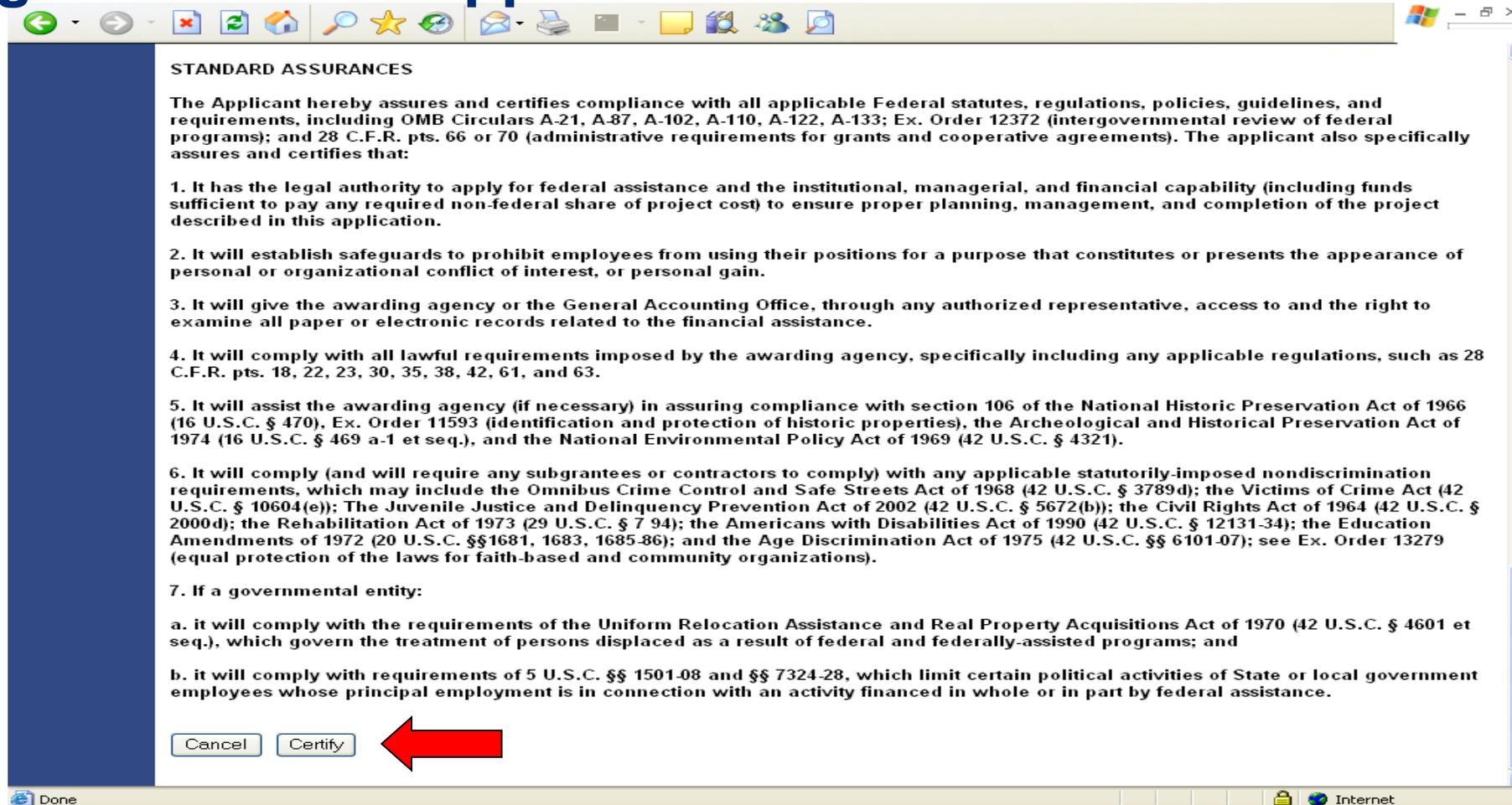
The screenshot shows the 'Acceptance' tab selected in the top navigation bar. Below the navigation, a message states: "The following Assurances must be certified before the Project can be submitted." A table with the following structure is displayed:

#Assurance	Certified by	Certified Date
1	DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES Grant Assurances and Certifications for Federally-Funded Grants	

The text for assurance #1 reads: "The certifications herein shall be treated as a material representation of fact upon which reliance will be placed when the State of New York and/or the Federal Emergency Management Agency (FEMA) or U.S. Department of Transportation (DOT) determines to award the cove". A red arrow points to the empty 'Certified Date' cell for this assurance.

Once all the questions have been answered, click on the **Acceptance Tab**. The Grant Assurances and Certifications for Federally-Funded Grants will appear, if applicable. Click **Assurance #1**.

Creating an E-Grants Application



STANDARD ASSURANCES

The Applicant hereby assures and certifies compliance with all applicable Federal statutes, regulations, policies, guidelines, and requirements, including OMB Circulars A-21, A-87, A-102, A-110, A-122, A-133; Ex. Order 12372 (intergovernmental review of federal programs); and 28 C.F.R. pts. 66 or 70 (administrative requirements for grants and cooperative agreements). The applicant also specifically assures and certifies that:

1. It has the legal authority to apply for federal assistance and the institutional, managerial, and financial capability (including funds sufficient to pay any required non-federal share of project cost) to ensure proper planning, management, and completion of the project described in this application.
2. It will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
3. It will give the awarding agency or the General Accounting Office, through any authorized representative, access to and the right to examine all paper or electronic records related to the financial assistance.
4. It will comply with all lawful requirements imposed by the awarding agency, specifically including any applicable regulations, such as 28 C.F.R. pts. 18, 22, 23, 30, 35, 38, 42, 61, and 63.
5. It will assist the awarding agency (if necessary) in assuring compliance with section 106 of the National Historic Preservation Act of 1966 (16 U.S.C. § 470), Ex. Order 11593 (identification and protection of historic properties), the Archeological and Historical Preservation Act of 1974 (16 U.S.C. § 469 a-1 et seq.), and the National Environmental Policy Act of 1969 (42 U.S.C. § 4321).
6. It will comply (and will require any subgrantees or contractors to comply) with any applicable statutorily-imposed nondiscrimination requirements, which may include the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. § 3789d); the Victims of Crime Act (42 U.S.C. § 10604(e)); The Juvenile Justice and Delinquency Prevention Act of 2002 (42 U.S.C. § 5672(b)); the Civil Rights Act of 1964 (42 U.S.C. § 2000d); the Rehabilitation Act of 1973 (29 U.S.C. § 7 94); the Americans with Disabilities Act of 1990 (42 U.S.C. § 12131-34); the Education Amendments of 1972 (20 U.S.C. §§1681, 1683, 1685-86); and the Age Discrimination Act of 1975 (42 U.S.C. §§ 6101-07); see Ex. Order 13279 (equal protection of the laws for faith-based and community organizations).
7. If a governmental entity:
 - a. it will comply with the requirements of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 (42 U.S.C. § 4601 et seq.), which govern the treatment of persons displaced as a result of federal and federally-assisted programs; and
 - b. it will comply with requirements of 5 U.S.C. §§ 1501-08 and §§ 7324-28, which limit certain political activities of State or local government employees whose principal employment is in connection with an activity financed in whole or in part by federal assistance.

Click the **Certify** button on the bottom of the screen after you have finished reading the information thoroughly. The screen will refresh with a confirmation message “Are you sure you want to Certify the statement?” Click **OK**. The screen will refresh again and your name will appear in the Certified by box with the current date.

Creating an E-Grants Application

Home Open Submit Go to Attachment Award Progress Site Review Financial Property Audit Reports Application Help Logout Login ID: vbloomer 3.4.7	General	Participants	Work Plan	Budget	Funding Allocation	Questions	Acceptance										
	Contract	Descriptors	Tracking	Review	Activity Log	The following Assurances must be certified before the Project can be submitted.											
	<table border="1"> <thead> <tr> <th># Assurance</th> <th>Certified by</th> <th>Certified Date</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td> 1 NEW YORK STATE DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES Grant Assurances and Certifications for Federally-Funded Grants Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature on this form provides for compliance with certification requirements under 44 CFR Part 18, New Restrictions on Lobbying; and 28 CFR Part 17, Government-wide Debarment and suspension (Nonprocurem... </td> <td>Valerie Bloomer</td> <td>05/21/2015</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>						# Assurance	Certified by	Certified Date	N/A	1 NEW YORK STATE DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES Grant Assurances and Certifications for Federally-Funded Grants Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature on this form provides for compliance with certification requirements under 44 CFR Part 18, New Restrictions on Lobbying; and 28 CFR Part 17, Government-wide Debarment and suspension (Nonprocurem...	Valerie Bloomer	05/21/2015	<input type="checkbox"/>			
# Assurance	Certified by	Certified Date	N/A														
1 NEW YORK STATE DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES Grant Assurances and Certifications for Federally-Funded Grants Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature on this form provides for compliance with certification requirements under 44 CFR Part 18, New Restrictions on Lobbying; and 28 CFR Part 17, Government-wide Debarment and suspension (Nonprocurem...	Valerie Bloomer	05/21/2015	<input type="checkbox"/>														

By certifying the assurance you are NOT submitting your application.

See the next slide on how to submit your application.

Creating an E-Grants Application

The following Assurances must be certified before the Project can be submitted.

#Assurance	Certified by	Certified Date	N/A
1 NEW YORK STATE DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES Grant Assurances and Certifications for Federally-Funded Grants Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature on this form provides for compliance with certification requirements under 44 CFR Part 18, New Restrictions on Lobbying; and 28 CFR Part 17, Government-wide Debarment and suspension (Nonprocurem...	Valerie Bloomer	05/21/2015	<input type="checkbox"/>

Message from webpage

Are you sure you want to submit this Project? Edits will not be permitted after the Project is submitted.

When you have completed your application and attached the required document(s) you are ready to submit your application. Click the **Submit** button.

Creating an E-Grants Application

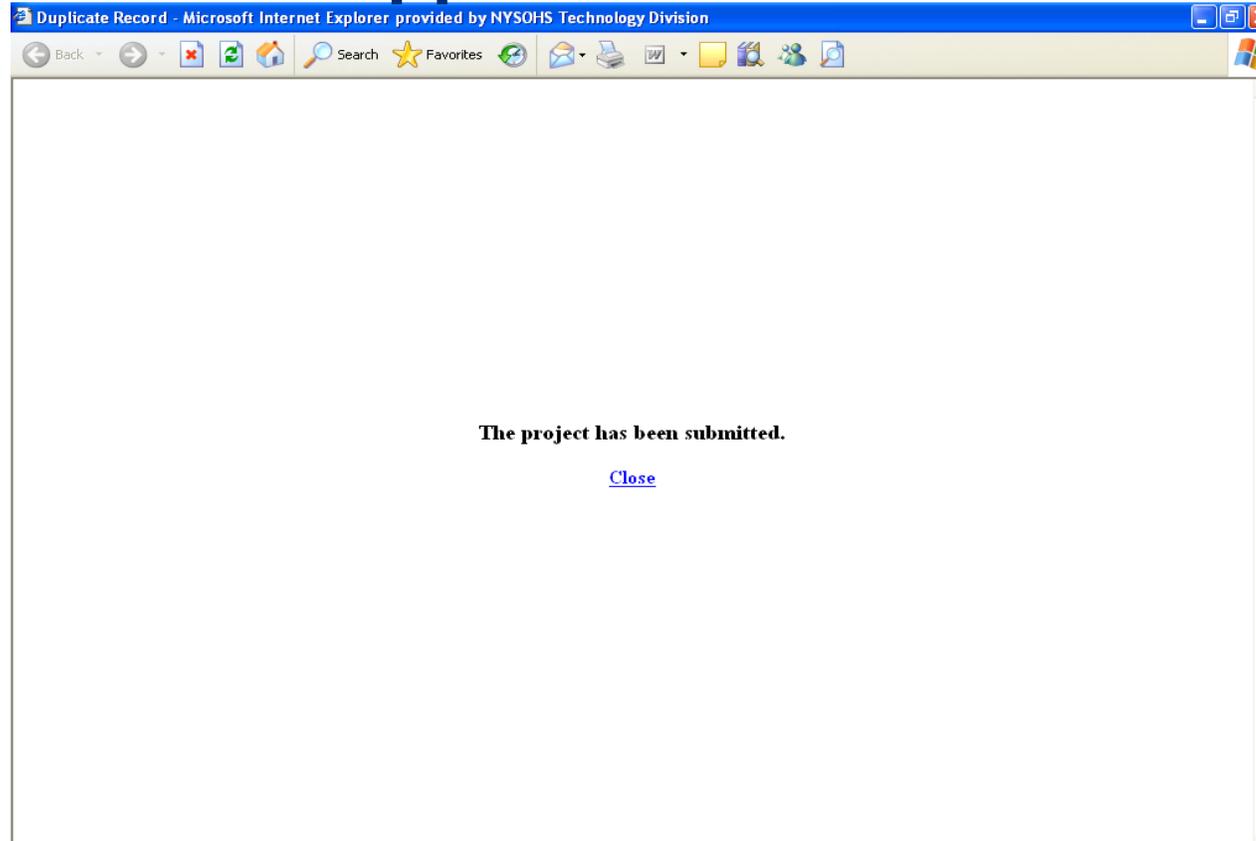
<u>Grant Application</u>		Cyber Security Grant Progi
Project No. CY 17-1000-D00	Grantee Name Test County	05/22:

The following required fields must be completed before the project can be submitted.

- Contact - add a Fiscal Contact
- Funding Allocation - add Priority Project Code for budget item.
- Budget Item - Encryption Software
- Assurances - You must Certify all Assurances on the Acceptance tab before submitting

If the application ***fails to submit***, E-Grants will generate a Required Fields Report (above) to guide you in finishing your application. Return to your application to enter the missing information and submit again.

Creating an E-Grants Application



You will receive the following message when your application is **successfully** submitted. DHSES will be notified that an application was submitted. The signatory contact will receive an e-mail that the application was submitted.

Creating an E-Grants Application

Project #: [redacted] Cyber Security Grant Program Project Status: Application Received

Participant: Test County

Home Open Locked

Go to Attachment Progress Site Review Financial Property

Reports Application Deficiency Draft Contract

Help Logout

Login ID: tsignatory2

4.3.19

This page is locked from editing.

Complete screen information and save. Add a National Priority and Program Purpose Area (if applicable). Once finished, proceed to Participants tab. For contract certifications, appendices and supporting documentation, please visit the [DHSES website](#) for available downloads. When you have completed your application, click the SUBMIT link in the left margin. Remember, you will no longer be able to edit your application once it has been submitted.

Project Title * (60 Character Limit) FY2019 Cyber Security Grant Program

Project Start Date (If known or applicable)

Project End Date (If known or applicable)

Project Period Years 0 Months 0

Submission Date 01/24/2019

Grant Funds	\$0.00	0.00%
Matching Funds	\$0.00	0.00%
Total Funds	\$0.00	

County * Albany

Summary Description of Project * (Please limit to one or two paragraphs)

Summary Project Description

Cancel Check Spelling

* - Mandatory Field

Federal Program Purpose Area

Description	Remove
-------------	--------

Once your application is submitted, it will be locked (no further editing by the applicant) but you may still view your information. Notice the **Locked** indicator in the left frame. Also notice that the project status has changed to “Application Received”. You may view and print your entire application by clicking **Application** from the left frame under Reports.

Creating an E-Grants Application

IMPORTANT INFORMATION:

Do not open two E-Grants windows at the same time to copy information from one application into another.

If you want to copy and paste information from a previous E-Grants application please copy the information into a Word document first. It can cause system errors that may affect your grant application if you have two E-Grants windows open at the same time.

Creating an E-Grants Application

HINT: Since this is a web based system you will be timed out after 30 minutes of inactivity and will lose any unsaved material. Hit **SAVE** often. If you see either of the messages below it means that you have timed out. You must log back into E-Grants to resume your application.

Message #1

DHSES E-Grants E-Grants System

E-Grants is currently unavailable.

E-Grants should be accessible shortly. We apologize for the inconvenience.

New York State Division of Homeland Security and Emergency Services
1220 Washington Avenue Extension
Building 7A
Albany, New York 12242
Phone: 1-866-837-9133
e-mail: grant.info@dhses.ny.gov

Message #2

The session has timed out or you are not logged in.

Click [here](#) to log back in.

Navigating E-Grants and Quarterly Reporting

Questions?

Approved Projects and Contract Execution

Approved Projects and Contract Execution

- Once award letters are issued, your assigned contract representative will contact you to discuss the contracting process
- Your E-Grants project will be updated with appropriate award information and contract appendices
- Once the Contract Manager reviews the contract, the signatory contact will receive an e-mail to electronically sign the contract

Approved Projects and Contract Execution

Electronic Signatures

Subject: The NYS Division of Homeland Security and Emergency Services (DHSES) E-Grants Notification for Project HC17-1002-D00, contract number: C111111. Grantee: Test NFP

The NYS Division of Homeland Security and Emergency Services (DHSES) has approved your application for funding for Project HC17-1002-D00

Please access the DHSES E-Grants system to review the contract terms and complete your local acceptance of this grant. Due to the compressed timeframe for the grant, we are requiring you to accept the contract within two weeks. You may open the project via the link below and, after login, click on the Acceptance and Conditions tab to electronically certify the contract Appendices and Special Conditions. All appendices and conditions must be certified before the contract can be electronically signed. Once you've certified all appendices and special conditions, the button to e-sign the contract will appear at the bottom of the acceptance tab.

https://grants.dhSES.ny.gov/NYOHS_GMS//AccessNotice.jsp?ProjectID=HC17-1002-D00



If you have any questions, please contact DHSES E-Grants Help at (866) 837-9133, or at grant.info@dhSES.ny.gov

Signatory contact will click on the link in the email to access their contract in E-Grants.

When the contract is ready to be E-Signed, the Signatory contact listed in E-Grants will receive an email stating the contract is ready for signature. Contracts need to be E-signed within two weeks of receipt.



Approved Projects and Contract Execution

Electronic Signatures

Home Open

General Participants Work Plan Budget Funding Allocation Questions **Conditions** Acceptance

Contract Descriptors Tracking Review Activity Log

Award Number - WM11111
 Funding Program - Homeland Security Non-Profit Grant
 The following Award Conditions must be certified.

Type	Condition Item	Comments	Certified by	Certified Date
Special	Subrecipient is prohibited from spending any grant funds until this grant contract is fully executed...	None		
Special	Documents Required to be Kept on File Subrecipient shall keep an agenda and meeting minutes on...	None		
Special	Equipment Purchases Equipment purchased with grant funds must fall within the allowable equipm...	None		
Special	Training Related Activities All training related activities funded by this grant must conform ...	None		
Special	Exercise Related Activities All exercises conducted must be managed and executed in accor...	None		
Special	EHP Requirements Subrecipients shall comply with all applicable Federal, State, and local envi...	None		
Special	Fiscal Reimbursement Documentation In addition to submitting the fiscal documentation as ...	None		

Go to Attachment Award Progress Site Review Financial Property Audit

Reports Application Deficiency Draft Contract

Help Logout

Login ID: vbloomer

4.3.19

Click on the **Conditions** tab to view the special conditions that you need to certify.

Click on the *Condition Item* in blue.

Approved Projects and Contract Execution

Electronic Signatures

Project **Participant: Test County**

Home Open Save	General	Participants	Work Plan	Budget	Funding Allocation	Questions	Conditions	Acceptance
	Contract	Descriptors		Tracking		Review		Activity Log

Award Condition Type: Special

Subject:
Subrecipient is prohibited from spending any grant funds until this grant contract is fully executed by the Office of the State Comptroller.

Funds must be used in accordance with the guidelines set forth in the Urban Area Security Initiative (UASI) Nonprofit Security Grant Program (NSGP) Notice of Funding Opportunity (NOFO). All training conducted and/or equipment purchased with NSGP funds must support the goals set forth in the subrecipient's approved investment justifications.

Comments:
Press the **Certify Condition** button to indicate that you agree with the Condition statement and to Electronically Certify the Condition.



Go to
Attachment
Award
Progress
Site Review
Financial
Property
Audit

Reports
Application
Deficiency
Draft Contract

Help
Logout

Login ID:
vbloomer

4.3.10

The screen will refresh with the Special Condition. After you have read and acknowledged the Special Condition, click on the *Certify Condition* button.

Approved Projects and Contract Execution

Electronic Signatures

Project: **Project #:** HS19-1000-D00 **Homeland Security Non-Profit Grant** **Project Status:** Pending Signatures

Participant: Test Non-Profit Grant

Home Open

General Participants Work Plan Budget Funding Allocation Questions **Conditions** Acceptance

Go to Attachment Progress Site Review Financial Property

Reports Application Deficiency Draft Contract

Help Logout

Login ID: tsignatory2

4.3.19

Award Number - WM11111
 Funding Program - Homeland Security Non-Profit Grant
 The following Award Conditions must be certified.

Type	Condition Item	Comments	Certified by	Certified Date
Special	Subrecipient is prohibited from spending any grant funds until this grant contract is fully executed...	None	Test Signatory2	09/05/2019
Special	Documents Required to be Kept on File Subrecipient shall keep an agenda and meeting minutes on...	None		
Special	Equipment Purchases Equipment purchased with grant funds must fall within the allowable equipm...	None		
Special	Training Related Activities All training related activities funded by this grant must conform ...	None		
Special	Exercise Related Activities All exercises conducted must be managed and executed in accor...	None		
Special	EHP Requirements Subrecipients shall comply with all applicable Federal, State, and local envi...	None		
Special	Fiscal Reimbursement Documentation In addition to submitting the fiscal documentation as ...	None		

Once you certify the condition you will be taken back to the Conditions Tab showing the signatory name and date certified. Continue certifying the remaining Special Conditions.

Approved Projects and Contract Execution

Electronic Signatures

Project **Participant: Test County**

Home Open | General | Participants | Work Plan | Budget | Funding Allocation | Questions | Conditions | **Acceptance**

The following Assurances must be certified before the Project can be submitted.

#Assurance	Certified by	Certified Date
1 DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES Grant Assurances and Certifications for Federally-Funded Grants The certifications herein shall be treated as a material representation of fact upon which reliance will be placed when the State of New York and/or the Federal Emergency Management Agency (FEMA) or U.S. Department of Transportation (DOT) determines to award the cove	Tester Grantee	06/05/2017

The following Appendices must be certified before the Project can be E-Signed.

#Appendix	Certified by	Certified Date
2 NEW YORK STATE DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES GRANT CONTRACT APPENDIX A-1 The Contract is hereby made by and between the State of New York, acting by and through the New York State Division of Homeland Security and Emergency Services (DHSES or State Agency) and the public or private entity ('Contractor' or 'Subrecipient') identified on the face APPENDIX C PAYMENT AND REPORTING SCHEDULE		
3 For All Contractors: I. PAYMENT PROVISIONS 1. In full consideration of contract services to be performed, DHSES agrees to pay and the Contractor agrees to accept a sum not to exceed the amount noted on the Face Page hereof. All payments shall be in accordance with the budget contained in the applicable Attachment B for		

Decline

Listed under the **Acceptance** tab are the Appendices to your Contract

Click on each Appendix, read and certify each of them.

Approved Projects and Contract Execution

Electronic Signatures

Project Participant: Test County

Home Open

General Participants Work Plan Budget Funding Allocation Questions Conditions **Acceptance**

The following Assurances must be certified before the Project can be submitted.

#Assurance	Certified by	Certified Date
1 DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES Grant Assurances and Certifications for Federally-Funded Grants The certifications herein shall be treated as a material representation of fact upon which reliance will be placed when the State of New York and/or the Federal Emergency Management Agency (FEMA) or U.S. Department of Transportation (DOT) determines to award the cove	Tester Grantee	06/05/2017

The following Appendices must be certified before the Project can be E-Signed.

#Appendix	Certified by	Certified Date
2 NEW YORK STATE DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES GRANT CONTRACT APPENDIX A-1	Test Signatory2	08/24/2017
3 APPENDIX C PAYMENT AND REPORTING SCHEDULE For All Contractors: I. PAYMENT PROVISIONS 1. In full consideration of contract services to be performed, DHSES agrees to pay and the Contractor agrees to accept a sum not to exceed the amount noted on the Face Page hereof. All payments shall be in accordance with the budget contained in the applicable Attachment B for	Test Signatory2	08/24/2017

E-Sign

Decline

Once you have certified all the Appendices and Special Conditions an *E-Sign* button will appear on the bottom of the Acceptance tab.

Click on the *E-Sign* button.

Approved Projects and Contract Execution

Electronic Signatures

Participant: Test County

General Participants Work Plan Budget Funding Allocation Questions Conditions **Acceptance**

Home Open Locked

Go to Attachment Progress Site Review Financial Property

Application Deficiency Draft Contract

Help Logout

Login ID: tsignatory2

4.3.10

Certify the E-Signature statement.

E-Signature

By clicking the ESign button below, I certify that I am the signing authority, or have been delegated or designated formally as the signing authority by the appropriate authority or official, and as such I have the authority to enter into a formal contractual agreement on behalf of this governmental entity, agency or organization (Grantee), and I have the authority to make the assurances set forth

Check this box to indicate that you agree with the E-Signature statement and press the E-Sign button to electronically sign the Contract.

E-Sign Cancel

(Your User Profile must have the Signatory Role to E-Sign the Contract.)

After you have read and acknowledged the Statement, check the box indicating you are agreeing with the E-Signature statement and click the *E-Sign* button.

Approved Projects and Contract Execution

Electronic Signatures

Project # SH16-1112-E00 SHSP Project Status: Pending State Approval

Participant: Test Participant

Project	General	Participants	Work Plan	Budget	Funding Allocation	Questions	Conditions	Acceptance	
Home Open	The following Assurances must be certified before the Project can be submitted.								
	#Assurance							Certified by	Certified Date
Go to Attachment Progress Site Review Financial Property	1	DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES Grant Assurances and Certifications for Federally-Funded Grants						Tester Grantee	10/31/2019
	The certifications herein shall be treated as a material representation of fact upon which reliance will be placed when the State of New York and/or the Federal Emergency Management Agency (FEMA) or U.S. Department of Transportation (DOT) determines to award the cove								
Reports Application Deficiency Draft Contract	The following Appendices must be certified before the Project can be E-Signed.								
	#Appendix							Certified by	Certified Date
Help Logout	2	NEW YORK STATE DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES GRANT CONTRACT						Test Signatory1	01/26/2021
	APPENDIX A-1								
Login ID: tsignatory1	The Contract is hereby made by and between the State of New York, acting by and through the New York State Division of Homeland Security and Emergency Services (DHSES or State Agency) and the public or private entity ('Contractor' or 'Subrecipient') identified on the face								
	APPENDIX C PAYMENT AND REPORTING SCHEDULE								
4.3.19	For All Contractors:								
	3	I. PAYMENT PROVISIONS						Test Signatory1	01/26/2021
1. In full consideration of contract services to be performed, DHSES agrees to pay and the Contractor agrees to accept a sum not to exceed the amount noted on the Face Page hereof. All payments shall be in accordance with the budget contained in the applicable Attachment B for									
The contract has been electronically signed by Test Signatory1 on 01/26/2021.									

The contract shows that it was electronically signed and the project status is Pending State Approval.

Click on *Draft Contract* to view a copy of the contract that can be printed and/or saved to your computer.



Approved Projects and Contract Execution

Project	Project #: SH16-1091-E00 SHSP		Project Status: Executed						
Participant: Test Participant		General	Participants	Work Plan	Budget	Funding Allocation	Questions	Conditions	Acceptance
Home Open	This page is locked from editing.								
Copy	Complete screen information and save. Add a National Priority and Program Purpose Area (if applicable). Once finished, proceed to Participants tab. For contract certifications, appendices and supporting documentation, please visit the DHSES website for available downloads. When you have completed your application, click the SUBMIT link in the left margin. Remember, you will no longer be able to edit your application once it has been submitted.								
Go to Attachment Progress Site Review Financial Property	Project Title * (60 Character Limit)	<input type="text" value="test"/>				Submission Date		08/08/2017	
Reports Application Deficiency Draft Contract Final Contract	Project Start Date	<input type="text" value="08/08/2017"/> (If known or applicable)	Grant Funds		\$50,000.00		100.00%		
	Project End Date	<input type="text" value="12/31/2017"/> (If known or applicable)	Matching Funds		\$0.00		0.00%		
	Project Period	Years 0 Months 4		Total Funds		\$50,000.00			
Help Logout	County *	<input type="text" value="Albany"/>							
	Summary Description of Project * (Please limit to one or two paragraphs)	<input type="text" value="test"/>							
Login ID: tgrantee									

The Project Status will show that the contract is Executed.

Click on *Final Contract* to view a copy of the contract that can be printed and/or saved to your computer.



Navigating E-Grants and Quarterly Reporting

Questions?

Quarterly Reporting

Quarterly Reporting

Fiscal and Progress Reports are required from all grantees according to the schedule below:

- **Quarter 1: January 1 – March 31 is due no later than April 30th**
- **Quarter 2: April 1 – June 30 is due no later than July 30th**
- **Quarter 3: July 1 – September 30 is due no later than October 30th**
- **Quarter 4: October 1 – December 31 is due no later than January 30th**



Progress Reporting

Progress Reports

- Submitted in E-Grants
- Directly addresses the Objectives, Tasks, and Performance Measures in the Work Plan
- “Tell your story”
- *No activity this quarter* should rarely be used. The reason for no activity should be explained in the Remarks section of the progress report.
- Be sure to check *Final Report* when appropriate



Progress Reports

Participant: **test County**

Home Open Locked

Go to Attachment Progress Site Review Financial Property

Reports Application Deficiency Draft Contract

Help Logout

Login ID: tsignatory2

4.3.10

General Participants Work Plan Budget Funding Allocation Questions Conditions Acceptance

Complete screen information and save. Add a National Priority and Program Purpose Area (if applicable). Once finished, proceed to Participants tab. For contract certifications, appendices and supporting documentation, please visit the [DHSES website](#) for available downloads. When you have completed your application, click the SUBMIT link in the left margin. Remember, you will no longer be able to edit your application once it has been submitted.

Project Title * (60 Character Limit)

Submission Date (If known or applicable) Submission Date 06/05/2017

Project End Date (If known or applicable) Grant Funds \$50,000.00 100.00%

Project Period Years 0 Months 6 Matching Funds \$0.00 0.00%

Total Funds \$50,000.00

County *

Summary Description of Project * (Please limit to one or two paragraphs)

* - Mandatory Field

Federal Program Purpose Area

- Log into DHSES E-Grants system and open your project.
- Click the word 'Progress' in the left hand column.

Progress Reports

Participant: Test County

Click on the Progress number to view information for that Progress Report.

#	Report Period	Year	Status	Submitted	Spent
New					

Navigation: [Previous] [Next] [Refresh]

Total Records: 0 ,Page 1 of 1

Home Open

Go to Project Attachment Site Review Financial Property

Help Logout

Login ID: tsignatory2

4.3.10

Click the “New” button to open a new progress report. Previously submitted progress reports will also be listed.

Progress Reports

Home Open Save	General	Workplan Outcomes
Submit Go to Project Attachment Award Site Review Financial Property Audit Reports Progress Help Logout Login ID: kkelley 4.3.19	<p>Please be sure to complete both tabs of information, General and WorkPlan Outcomes, prior to submitting your report.</p> <p>Reporting Period: <input type="text" value="July - September"/></p> <p>Reporting Year: <input type="text" value="2019"/></p> <p>Submission Date: <input type="text"/></p> <p>Grants Funds Spent to Date: <input type="text" value="\$ 0.00"/></p> <p>Date of Last Voucher: <input type="text"/></p> <p>Total Amount Vouchered: <input type="text" value="\$ 0.00"/></p> <p>Person Submitting Report: <input type="text" value="K. Kelley"/></p> <p>Remarks: No activity this quarter. We had a heavy response to flooding in our county since July 15 and we have had consistent mitigation and recovery projects that have occurred throughout this quarter. We were unable to engage in grant related work at this time. Work will resume October 1.</p>	<p>Progress Report Status: <input checked="" type="checkbox"/> No Activity this Quarter</p> <p>SAR Received Date: <input type="text"/></p> <p>Unsubmitted: <input type="checkbox"/> Final Report</p>
<input type="button" value="Save"/> <input type="button" value="Check Spelling"/>		

Fill in the following fields:

- Reporting Period and Reporting Year (drop down fields)
- Person submitting report
- Remarks - Can be left blank unless you have no activity to report. *
- Click "SAVE"

***If you have no activity to report**, check the "No Activity this Quarter" box (circled in red) and add information in the "Remarks" box indicating why there was no activity. (i.e. organization was closed due to COVID.)



Progress Reports

Participant: **Test County**

General Workplan Outcomes

Home Open

Submit

Project Goal
To prevent, prepare for or mitigate the effects of a terrorist attack on located at .

Go to Project Attachment Site Review Financial Property

Objective #1
Purchase and install equipment to enhance the security at that would assist in target hardening the location.

Task #1 for Objective #1
Purchase/install perimeter security and/or access control enhancing items of equipment. Train appropriate personnel in the proper use of the equipment and place the equipment into service. (Requires prior EHP approval.) Completed
no

Help Logout

1 **Performance Measure** **Outcomes**

1 Identify equipment ordered and received. Provide a brief narrative on the training of personnel and the deployment of equipment. Describe how the equipment is enhancing the day to day security of the location. Equipment accountability records are properly maintained

Unanticipated Outcome	Current Quarter	Prior Quarter	Year To Date
	0.00	0.00	0.00

Objective #2
Conduct/attend training that addresses a specific threat, vulnerability and/or consequence (requires prior DHSES approval).

Task #1 for Objective #2
Conduct training regarding prevention of or reaction to a terrorist threat or action. Requires prior DHSES approval. Completed
no

1 **Performance Measure** **Outcomes**

1 Description of the training (requires prior DHSES approval). Number of staff receiving training. Copy of agenda or training curriculum and roster of attendees maintained on file. Describe how the training enhanced the prevention of or reaction to a terrorist threat or action.

Unanticipated Outcome	Current Quarter	Prior Quarter	Year To Date
	0.00	0.00	0.00

4.3.10

To select the Performance Measure, click the blue #

Click on Workplan Outcomes to report on the Performance Measures. The Project Goal, Tasks, and Performance Measures are pre-filled from your contract.

Progress Reports

Participant: Test County

General Workplan Outcomes

Edit information and press Save.

Objective: To enhance regional response teams. (1.1,1.3,1.4,1.6)

Task: Purchase allowable CBRNE/Hazmat response equipment. Train appropriate personnel in the proper use of the equipment and place the equipment into service.

Outcome Indicator
We purchased 4 radios for our Hazmat team. Radios has been received, inventoried, recorded, delivered, and placed in service. An order has been placed for detection equipment and is expected to be received in the next quarter.

Unanticipated Outcome

Performance Measure: Identify equipment ordered and received. Provide a brief narrative on the training of personnel and the deployment of equipment. Describe how the project enhanced regional capabilities in the region. Equipment accountability records are properly maintained. Provide explanation if equipment is received but not deployed, and include deployment plans as appropriate.

Current Quarter

Prior Quarter

Year To Date

Save Cancel Check Spelling

Record relevant updates and outcomes in the Outcome Indicator field. If there are any problems or delays to report, that would be documented in the Unanticipated Outcome box. Once details are input, click **Save** at the bottom of the page.

When all the information has been entered, click on the **Submit** button in the left side frame of the screen. Click the *OK* button on the dialog box to confirm that this progress report is to be submitted.

Note: Once the Progress Report is submitted, no changes can be made. If you need to make changes, please contact your contract representative.

Click on **Progress** under Reports to view the complete report that can be printed and/or saved to your computer.

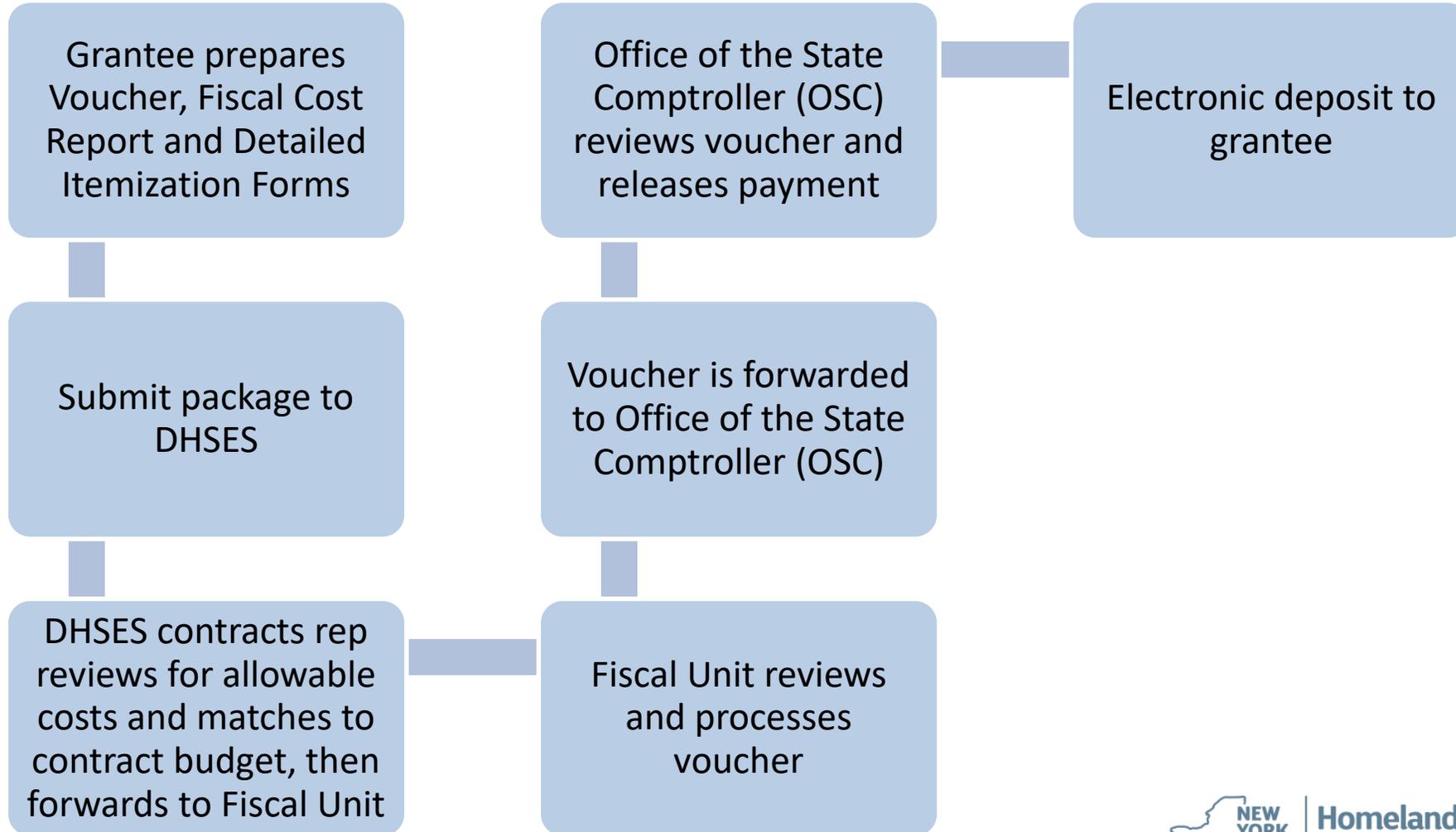
Fiscal Reporting

Fiscal Reporting

- Submit for reimbursement on a quarterly basis
- There are at least three forms that **MUST** be submitted every time you seek reimbursement:
 - (1) State Aid Voucher
 - (2) Fiscal Cost Report (FCR)
 - (3) Detailed Itemization Forms (DIF)(either “Equipment” or other appropriate form)
- If no reimbursement is being sought only a Fiscal Cost Report must be submitted
- All forms require a signature and can be emailed or mailed to your contract representative
- Ensure all fiscal paperwork is completed in its entirety and correct
- You can download a copy of all the necessary forms at: <http://www.dhSES.ny.gov/grants/forms-egrants.cfm>

Fiscal Reporting

Grantee Reimbursement Process



Fiscal Reporting

Statewide Financial Management System (SFS)

You must register for Electronic Payment as per Appendix A-1 of your contract.
Go to the website to sign up: <http://www.osc.state.ny.us/epay/index.htm>

Questions?:

NYS Office of the State Comptroller
Vendor Management Unit

110 State Street Mail Drop 10-4

Albany, NY 12236 Telephone: (855) 233-8363

E-Mail: helpdesk@sfs.ny.gov or epayments@osc.state.ny.us



Fiscal Reporting – State Aid Voucher

AC-1171 (Rev. 10/96) State of York **STATE AID VOUCHER** Voucher No.

1. Originating Agency NYS Division of Homeland Security and Emerg		Orig. Agency Code 01077	Interest Eligible (Y/N) N		
Payment Date (MM/DD/YY)		OSC Use Only	Liability Date (MM/DD/YY)		
2. Payee ID 12-123456	Additional 000	Zip Code	Route	Payee Amount	MIR Date (MM/DD/YY)
4. Payee Name (Limit to 30 spaces) Empire County		Payee Name (Limit to 30 spaces)		IRS Code	IRS Amount
Address (Limit to 30 spaces) 123 Main Street		Address (Limit to 30 spaces)		Stat Type	Statistic
City (Limit to 20 spaces) NY		State (Limit to 2 spaces) NY	Zip Code 10101	5. Ref Inv. No. (Limit to 20 spaces) FY20 SHSP FCR1 HSEmpire	Ref Inv. Date (MM) (DD) (YY)
6. Anywhere		Date Paid			Check or Voucher No.
Description of Charges (if Personal Service, show name, title, period covered)		Amount			
Expenses incurred per Contract # C 123456		\$39,000.00			
7. State Aid Program or Applicable Statute:				TOTAL	\$39,000.00
8. Payee Certification: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded.				Less Receipts	
Signature in Ink _____ Date _____ Title _____ Name of Municipality _____				Net	
				% State Aid Claimed	
FOR STATE AGENCY USE ONLY		STATE COMPTROLLER'S PRE-AUDIT			
Merchandise Received	I certify that this claim is correct and just, and payment is approved			State Aid	
Date _____	By _____			Verified	Certified For Payment of State Aid Amount by _____
Page No. _____	Date _____			Audited	
By _____					
Expenditure			Liquidation		
Dept.	Cost Center	Variable	Year	Object	Accum Dept. Statewide
					Amount
					Orig. Agency
					PO/Contract
					Line
					F/P

Employee Identification Number or SFS Number

Your organization's name and address

Put this PHRASE and insert your contract number

Signature of fiscal officer, organization name and address

Unique Identifier you would like put in memo line of reimbursement (Max 20 characters)

Dollar amount you are requesting for reimbursement

SAMPLE

(11/16) FISCAL COST REPORT

Submit to: Division of Homeland Security and Emergency Services State Campus - Building 7A 1220 Washington Ave. Rm 810 Albany, NY 12242	1. Grantee: Empire County 3. Implementing Agency: Empire County Sheriff's Office 5. DHSES No.: WM20123456 7. Contract Period: 09/01/2020 - 08/31/2023 9. Report Period: 1/1/2021 - 03/31/2021	2. Contract No.: C123456 4. FCR #: 1 <input type="checkbox"/> Final Report: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 6. Program Title: FY20 SHSP 8. Contract Amount: \$100,000 10. Report Date: 4/4/2018
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CATEGORY	A. Approved Project Budget		B. Previous Cumulative Expenditures		C. Expenditures for this Reporting Period		D. Current Cumulative Expenditures	
	DHSES	MATCH	DHSES	MATCH	DHSES	MATCH	DHSES	MATCH
A. PERSONNEL	\$20,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	\$0.00	\$5,000.00	\$0.00
B. FRINGE BENEFITS	\$10,000.00	\$0.00	\$0.00	\$0.00	\$2,500.00	\$0.00	\$2,500.00	\$0.00
C. CONSULTANTS	\$5,000.00	\$0.00	\$0.00	\$0.00	\$2,000.00	\$0.00	\$2,000.00	\$0.00
D. EQUIPMENT	\$30,000.00	\$0.00	\$0.00	\$0.00	\$15,000.00	\$0.00	\$15,000.00	\$0.00
E. SUPPLIES	\$5,000.00	\$0.00	\$0.00	\$0.00	\$2,000.00	\$0.00	\$2,000.00	\$0.00
F. TRAVEL	\$2,000.00	\$0.00	\$0.00	\$0.00	\$500.00	\$0.00	\$500.00	\$0.00
G. RENT	\$10,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	\$0.00	\$5,000.00	\$0.00
H. ALT & RENOVATIONS	\$8,000.00	\$0.00	\$0.00	\$0.00	\$4,000.00	\$0.00	\$4,000.00	\$0.00
I ALL OTHER	\$10,000.00	\$0.00	\$0.00	\$0.00	\$3,000.00	\$0.00	\$3,000.00	\$0.00
TOTAL	\$100,000.00	\$0.00	\$0.00	\$0.00	\$39,000.00	\$0.00	\$39,000.00	\$0.00

12. CASH REQUEST		Certification	
A. Advance Requested	\$0.00	I certify that this report, schedule, and the expenses for which payment is requested are true, correct, and complete and were made in accordance with the appropriate Federal and State Rules and Regulations governing the pertinent grants and that: 1) the goods, services and costs listed are necessary for and are to be used solely for the purpose specified in the contract for this project and; 2) these costs being reimbursed are not duplicative of expenditures claimed on any other grants or other sources of available funding. Also, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information on the report or any material fact, may subject me to criminal, civil or administrative penalties for false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).	
B. Expenditures for this Reporting Period (Total of Column C above)	\$39,000.00		
C. Cash requested from DHSES (A + B) (Voucher Amount)	\$39,000.00		
D. Voucher Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
13. Interest Earned - Advanced Funds		GRANTEE: _____ (Signature) _____ (Date) _____ (Title) _____ (Phone Number) _____	_____ (Date) _____ (Phone Number) _____
		FISCAL OFFICER: _____ (Signature) _____ (Date) _____ (Title) _____ (Phone Number) _____	_____ (Date) _____ (Phone Number) _____

DHSES USE ONLY			
FCR APPROVED BY PROGRAM REPRESENTATIVE:		(Signature)	(Date)
DHSES FISCAL OFFICE: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected		(Signature)	(Date)

Quarterly report period for this report

Column A: Approved project budget

Column B: Sum of cumulative expenditures from previous periods

Total Expenditures for this reporting period (total of Column C) (Auto populates)

Total amount for reimbursement (Matches Standard Voucher amount) (Auto populates)

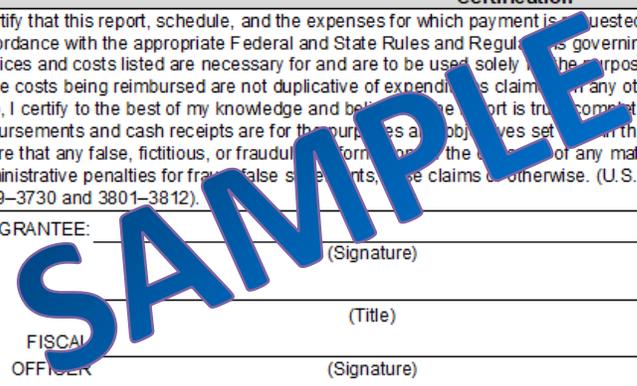
Sequential # of this report

Date report is being submitted to DHSES

Column C: Current reporting period expenditures

Column D: Total of Column B (cumulative) and Column C (current) (Auto populates)

Needs to be signed/dated by Grantee and Fiscal Officer



(05/15)

**NYS Division of Homeland Security and Emergency Services
Detailed Itemization of Personal Service Expenditures
Personnel**

1. Grantee Name: Empire County 4. Corresponding FCR Report #: 1
 2. Implementing Agency: Empire County Sheriff's Office 6. Contract Number: C123456
 3. Report Period: From: 1/1/2021 To: 3/31/2021 7. DHSES Number: WM20123456
 5. Contract Period: From: 9/1/2020 To: 8/31/2023

This form is used to certify the expenditures claimed for Personal Service outlined in Appendix B of the grant contract. Show computations using either Method A or Method B. Method A is % of salary for period. Method B is restricted by hourly rate.

8a Contract Budget Line	8b Job Title (per contract)	8c Employee Name	8d Dates of Payroll Period	Method A			Method B			Amount Charged to	
				8e Actual Salary This Reporting Period	8f % of Time Allotted to Grant	8g Total Salary Charge to Grant	8h Hourly Rate	8i Hours Worked	8j Total Salary Charge to Grant	8k Federal/State	8l Match
1	Sergeant	John Doe	10/1/2020-10/15/2020			\$0.00	\$80.00	25.00	\$2,000.00	\$2,000.00	
1	Sergeant	John Smith	10/1/2020-10/15/2020			\$0.00	\$80.00	25.00	\$2,000.00	\$2,000.00	
1	Sergeant	Jack Black	10/1/2020-10/15/2020			\$0.00	\$80.00	12.50	\$1,000.00	\$1,000.00	
						\$0.00			\$0.00		
						\$0.00			\$0.00		
						\$0.00			\$0.00		
						\$0.00			\$0.00		
									8m *Total	\$5,000.00	\$0.00

* Totals should be carried forward to Category A of the Fiscal Cost Report Column C. →

Certification: I certify that this report, schedule, and the expenses for which payment is requested are true, correct, and complete and were made in accordance with the appropriate Federal and State Rules and Regulations governing the pertinent grants and that: 1) the goods, services and costs listed are necessary for and are to be used solely for the purpose specified in the contract for this project and; 2) these costs being reimbursed are not duplicative of expenditures claimed on any other grants or other sources of available funding. Also, I certify to the best of my knowledge and belief that the report is true, complete and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

9. Signature: _____ Print Name: _____
 Title: _____ Date: _____ Phone #: _____

All Header information will be the same on each DIF for the same reporting period

Entire Payroll Period must be included

ALL DIFs must be signed before submittal.

Personnel DIF requires Method A **OR** Method B to be completed

Total auto populates on All DIFs

SAMPLE

(05/16)

**NYS Division of Homeland Security and Emergency Services
Detailed Itemization of Personal Service Expenditures
Fringe Benefits**

1. Grantee Name: <u>Empire County</u>	4. Corresponding FCR Report: <u>1</u>
2. Implementing Agency: <u>Empire County Sheriffs Office</u>	6. Contract Number: <u>C123456</u>
3. Report Period: From: <u>1/1/2021</u> To: <u>3/31/2021</u>	7. DHSES Number: <u>WM20123456</u>
5. Contract Period: From: <u>9/1/2020</u> To: <u>8/31/2023</u>	

This form is used to certify the expenditures claimed for Fringe. The amounts charged to the grant for fringe expenditures must be valid for this expense category per Appendix B of the grant contract. Fringe must be calculated as specifically outlined in Appendix B of the contract. Show all calculations for fringe in the area below. Please note: any allocation or calculation of fringe benefit costs incurred for grant related staff must be based on calculations supported with documentation and/or allocation worksheets that calculate the actual costs, not based solely on the grant budget fringe benefit rates. The documentation must be retained with other grant related expenditure documentation.

Show Calculation for Fringe submitted per contract budget, Appendix B, for this period. See Instructions.

Contract Budget Line	Dates	Employee Name	Job Title	Salary/Fringe	Amount Charged to	
					Federal/ State	Match
1	10/1/2020-10/15/2021	John Doe	Sgt	\$2,000 x 0.5	\$1,000.00	
1	10/1/2020-10/15/2021	John Smith	Sgt	\$2,000 x 0.5	\$1,000.00	
1	10/1/2020-10/15/2021	Jack Black	Sgt	\$1,000 x 0.5	\$500.00	
* Total					\$2,500.00	\$0.00

Show Fringe Calculation based on jurisdiction's Fringe Rate.

SAMPLE

* The totals should be carried forward to Category B of the Fiscal Cost Report, Column C.

Certification: I certify that this report, schedule, and the expenses for which payment is requested are true, correct, and complete and were made in accordance with the appropriate Federal and State Rules and Regulations governing the pertinent grants and that: 1) the goods, services and costs listed are necessary for and are to be used solely for the purpose specified in the contract for this project and; 2) these costs being reimbursed are not duplicative of expenditures claimed on any other grants or other sources of available funding. Also, I certify to the best of my knowledge and belief that the report is true, complete and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

9. Signature: _____ Print Name: _____
 Title: _____ Date: _____ Phone #: _____

(05/16) NYS Division of Homeland Security and Emergency Services
 Detailed Itemization of Non-Personal Service Expenditures
 Consultants

1. Grantee Name: Empire County 4. Corresponding FCR Report #: 1
 2. Implementing Agency: Empire County Sheriffs Office 6. Contract Number: C123456
 3. Report Period: From: 1/1/2021 To: 3/31/2021 7. DHSES Number: WM20123456
 5. Contract Period: From: 9/1/2020 To: 8/31/2023

This form is used to certify the expenditures claimed for the "Consultants" budget category. The amounts charged to the grant for "Consultants" expenditures must be valid for this expense category per Appendix B of the grant contract. "Consultants" expenses must have an appropriate and reasonable basis for allocating the expenses to this project.

Contract Budget Line	Check No.	Rate Charged	Dates of Service	Type of Service	Payee	Date Agreement Submitted	Amount Charged to		NYS MWBE Certification Number (if applicable)	Procurement Method (Choose the applicable procurement method from the dropdown box)
							Federal/State Amount	Match Amount		
1	6789	\$25/hour	11/1-11/30/2020	TTX Development	Safety Consulting Firm	12/1/2020	\$2,000.00		MBE	Competitive Bid
									WBE	
									MBE	
									WBE	
									MBE	
									WBE	
									MBE	
									WBE	
									MBE	
									WBE	
							*Totals	\$2,000.00	\$0.00	

*The totals should be carried forward to Category C of the Fiscal Cost Report Column C.

Certification: I certify that this report, schedule, and the expenses for which payment is requested are true, correct, and complete and were made in accordance with the appropriate Federal and State Rules and Regulations governing the pertinent grants and that: 1) the goods, services and costs listed are necessary for and are to be used solely for the purpose specified in the contract for this project and; 2) these costs being reimbursed are not duplicative of expenditures claimed on any other grants or other sources of available funding. Also, I certify to the best of my knowledge and belief that the report is true, complete and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

9. Signature: _____ Print Name: _____
 Title: _____ Date: _____ Phone #: _____

Consultant Agreement/Contract must be submitted to DHSES before initial Consultant reimbursement

SAMPLE

Procurement Method for every purchase must be selected on every DIF where this column is present.

When using a MWBE Vendor, provide NYS Certification Number.

(11/08)

NYS Division of Homeland Security and Emergency Services
Detailed Itemization of Non-Personal Service Expenditures
Equipment

1. Grantee Name: Empire County 4. Corresponding FCR Report #: 1
 2. Implementing Agency: Empire County Sheriff's Office 6. Contract Number: C123456
 3. Report Period: From: 1/1/2021 To: 3/31/2021 7. DHSES Number: WM20123456
 5. Contract Period: From: 9/1/2020 To: 8/31/2023

This form is used to certify the expenditures claimed for Equipment. The equipment charged to the grant must be specifically listed in the equipment category per Appendix B of the grant contract. All Equipment expenses must have an appropriate and reasonable basis for allocating the expenses to this project.

Contract Budget Line	Items Purchased (per approved budget)	Quantity	Date Ordered	Date Received	Serial No.	Check No.	Payee	Amount Charged to		NY's MWBE Certification Number (if applicable)	Procurement Method (Choose the applicable procurement method from the dropdown list)	
								Federal/State Amount	Match Amount			
3	Night Vision Goggles	3	11/2/20	12/1/20	HS-1234 HS-1235 HS-1236	9383950	NVG Unlimited Inc	\$15,000.00		MBE WBE	NYS OGS Contract	
								* Total	\$15,000.00	\$0.00		

*The totals should be carried forward to Category D of the Fiscal Cost Report Column C.

Certification: I certify that this report, schedule, and the expenses for which payment is requested are true, correct, and complete and were made in accordance with the appropriate Federal and State Rules and Regulations governing the pertinent grants and that: 1) the goods, services and costs listed are necessary for and are to be used solely for the purpose specified in the contract for this project and; 2) these costs being reimbursed are not duplicative of expenditures claimed on any other grants or other sources of available funding. Also, I certify to the best of my knowledge and belief that the report is true, complete and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

9. Signature: _____ Print Name: _____
 Title: _____ Date: _____ Phone #: _____

The Division of Homeland Security and Emergency Services (DHSES) requires that the grantee conduct a physical inventory of property records at least once every two years to verify the existence, current utilization and continued need for the property. In the event the property is no longer required by the Grantee, this fact should be reported to DHSES as soon as possible.

Authorization for Continued Use: Upon completion of all contractual requirements by the grantee, DHSES accepts the request for continued use and possession of the equipment purchased with grant funds. This acceptance is made provided the equipment continues to be used in accordance with the contracted activities and guidelines.

If at any time during the life expectancy of the equipment your organization should dispose of any of these items, any proceeds realized must be reinvested in equipment items to continue your organization's activities. If the proceeds are not reinvested to continue activities, that percentage of the proceeds equal to the proportion of the original purchase price paid by funds for the contract must be paid to the State of New York.

10. I hereby certify that the above equipment has been received and added to our property accounting records. Said equipment will be periodically inventoried and reconciled with accounting records. I am requesting continued use of equipment.

 Signature of authorized grantee representative

Acceptance for continued use and possession of equipment.

 Division of Homeland Security and Emergency Services

 Date

These Dates must be verifiable with Grantee's procurement paperwork.

Provide detail in regards to what items were purchased.

Include Serial Numbers for all items \$5,000 and higher or your local capitalization level if it is lower than \$5,000.

DHSES Contract Manager will sign this form and return upon completion of grant

Equipment DIF requires two signatures

(05/16)

NYS Division of Homeland Security and Emergency Services
Detailed Itemization of Non-Personal Service Expenditures
Supplies

1. Grantee Name: Empire County 4. Corresponding FCR Report #: 1
 2. Implementing Agency: Empire County Sheriff's Office 6. Contract Number: C123456
 3. Report Period: From: 1/1/2021 To: 3/31/2021 7. DHSES Number: WM20123456
 5. Contract Period: From: 9/1/2020 To: 8/31/2023

This form is used to certify the expenditures claimed for Supplies. The amounts charged to the grant for supplies must be valid for the expense category per Appendix B of the grant contract. All supplies expenses must have an appropriate and reasonable basis for allocating the expenses to this project.

Contract Budget Line	Check No.	Payee	Date Ordered	Date Received	Item(s)	Amount Charged to		NY S MWBE Certification Number (if applicable)	Procurement Method (Choose the applicable procurement method from the dropdown list)
						Federal/State Amount	Match Amount		
4	93850	Medical Care inc	10/23/2020	11/3/2020	Personal Med Kits	\$2,000.00		MBE WBE	Discretionary Purchase
								MBE WBE	
								MBE WBE	
								MBE WBE	
								MBE WBE	
								MBE WBE	
								MBE WBE	
								MBE WBE	
*Total						\$2,000.00	\$0.00		

*The totals should be carried forward to Category E of the Fiscal Cost Report Column C.

Certification: I certify that this report, schedule, and the expenses for which payment is requested are true, correct, and complete and were made in accordance with the appropriate Federal and State Rules and Regulations governing the pertinent grants and that: 1) the goods, services and costs listed are necessary for and are to be used solely for the purpose specified in the contract for this project and; 2) these costs being reimbursed are not duplicative of expenditures claimed on any other grants or other sources of available funding. Also, I certify to the best of my knowledge and belief that the report is true, complete and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

9. Signature: _____ Print Name: _____
 Title: _____ Date: _____ Phone #: _____

Similar to Equipment DIF in that Date Ordered/Date Received must be verifiable in Grantee's procurement paperwork.

Provide detailed information as to the items being purchased.

SAMPLE

05/16

**NYS Division of Homeland Security and Emergency Services
Detailed Itemization of Non-Personal Service Expenditures
Rent**

1. Grantee Name: <u>Empire County</u>	4. Corresponding FCR Report: <u>1</u>
2. Implementing Agency: <u>Empire County Sheriff's Office</u>	6. Contract Number: <u>C123456</u>
3. Report Period: From: <u>1/1/2021</u> To: <u>3/31/2021</u>	7. DHSES Number: <u>WM20123456</u>
5. Contract Period: From: <u>9/1/2020</u> To: <u>8/31/2023</u>	

This form is used to certify the expenditures claimed for Rent. The amounts charged to the grant for rent expenditures must be valid for this expense category per Appendix B of the contract. Allocations must be based on calculations supported with documentation and/or allocation worksheets that calculate the actual costs, and not based solely on the grant budgeted amounts. All rent expenses must have an appropriate and reasonable basis for allocating the expenses to this project.

8a Contract Budget Line	8b Check No.	8c Payee	8d Property Address	8e Period of Time	8f Date Agreement Submitted	Amount Charged to		
						8g Federal/State	8h Match	
1	3405040	Shelter Inc	789 Main Street Nowhere, NY10101	09/01/2020-12/31/2020	9/1/2020	\$5,000.00		
* The totals should be carried forward to Category G of the Fiscal Cost Report Column C						* Total	\$5,000.00	\$0.00

Note: Executed rental agreement must be submitted to DHSES with the first voucher requesting reimbursement for rental expenditures.
Certification: I certify that this report, schedule, and the expenses for which payment is requested are true, correct, and complete and were made in accordance with the appropriate Federal and State Rules and Regulations governing the pertinent grants and that: 1) the goods, services and costs listed are necessary for and are to be used solely for the purpose specified in the contract for this project and; 2) these costs being reimbursed are not duplicative of expenditures claimed on any other grants or other sources of available funding. Also, I certify to the best of my knowledge and belief that the report is true, complete and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

9. Signature: _____ Print Name: _____
 Title: _____ Date: _____ Phone #: _____

Rental Costs can only be reimbursed for Period of Time within grant contract's Period of Performance.

Rental Contract must be submitted to DHSES prior to request for reimbursement.

SAMPLE

(09/16)

NYS Division of Homeland Security and Emergency Services
Detailed Itemization of Non-Personal Service Expenditures
Alterations

1. Grantee Name:	Empire County	4. Corresponding FCR Report #:	1
2. Implementing Agency:	Empire County Sheriff's Office	6. Contract Number:	C 123456
3. Report Period: From:	1/1/2021	To:	3/31/2021
5. Contract Period: From:	9/1/2020	To:	8/31/2023
		7. DHSES Number:	WM 20123456

This form is used to certify the expenditures claimed for Alterations. The amounts charged to the grant for alteration expenditures must be valid for the expense category per Appendix B of the contract. All alteration expenses must have an appropriate and reasonable basis for allocating the expenses to this project.

Contract Budget Line	Check No.	Payee	Property Address	Period of Time	Amount Charged to		NYS MWBE Certification Number (if applicable)	Procurement Method (Choose the applicable procurement method from the dropdown box)
					Federal/State Amount	Match Amount		
1	29485	Builders R Us Inc	123 Main Street Anywhere, NY 10101	10/1/2020-12/31/2020	\$4,000.00		MBE WBE	Competitive Bid/RFP
							MBE WBE	
							MBE WBE	
							MBE WBE	
							MBE WBE	
							MBE WBE	
							MBE WBE	
					* Total	\$4,000.00	\$0.00	

*The totals should be carried forward to Category H of the Fiscal Cost Report Column C.

Certification: I certify that this report, schedule, and the expenses for which payment is requested are true, correct, and complete and were made in accordance with the appropriate Federal and State Rules and Regulations governing the pertinent grants and that: 1) the goods, services and costs listed are necessary for and are to be used solely for the purpose specified in the contract for this project and; 2) these costs being reimbursed are not duplicative of expenditures claimed on any other grants or other sources of available funding. Also, I certify to the best of my knowledge and belief that the report is true, complete and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

9. Signature: _____ Print Name: _____
 Title: _____ Date: _____ Phone #: _____

(310)

NYS Division of Homeland Security and Emergency Services
Detailed Itemization of Non-Personal Service Expenditures
All Other

1. Grantee Name:	Empire County	4. Corresponding FCR Report #:	1
2. Implementing Agency:	Empire County Sheriff's Office	6. Contract Number:	C123456
3. Report Period: From:	1/1/2021	To:	3/31/2021
5. Contract Period: From:	9/1/2020	To:	8/31/2023
		7. DHSES Number:	WM20123456

This form is used to certify the expenditures claimed for the "All Other" budget category. The amounts charged to the grant for "All Other" expenditures must be valid for this expense category per Appendix B of the grant contract. "All Other" expenses must have an appropriate and reasonable basis for allocating the expenses to this project.

Contract Budget Line	Check No.	Date	Payee	Description	Dates of Service	Amount Charged to		NYS MWBE Certification Number (if applicable)	Procurement Method (Choose the applicable procurement method from the dropdown box)
						Federal/State Amount	Match Amount		
3	24458	12/19/2020	NVG Unlimited Inc	Night Vision Goggle Repair	12/20-12/23/2020	\$3,000.00		MBE WBE	Single/Sole Source
								MBE WBE	
								MBE WBE	
								MBE WBE	
								MBE WBE	
								MBE WBE	
								MBE WBE	
								MBE WBE	
						* Total	\$3,000.00	\$0.00	

SAMPLE

Reminder: Single/Sole Source Procurements must have been pre-approved by DHSES if this Procurement Method has been selected.

*The totals should be carried forward to Category I of the Fiscal Cost Report Column C.

Certification: I certify that this report, schedule, and the expenses for which payment is requested are true, correct, and complete and were made in accordance with the appropriate Federal and State Rules and Regulations governing the pertinent grants and that: 1) the goods, services and costs listed are necessary for and are to be used solely for the purpose specified in the contract for this project and; 2) these costs being reimbursed are not duplicative of expenditures claimed on any other grants or other sources of available funding. Also, I certify to the best of my knowledge and belief that the report is true, complete and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

9. Signature: _____ Print Name: _____
 Title: _____ Date: _____ Phone #: _____

Fiscal Reporting

Fiscal Reporting Tips

- All expenditures must be in accordance with approved budget in E-Grants.
 - Any changes to the budget **MUST** be pre-approved through your contract representative before procurement can take place.
- All fields must be completed in order to ensure prompt payment.
- The Date Ordered and Date Received **MUST** be within the contract period and must be reflected on the Detailed Itemization Forms (DIF).
- Include Serial Numbers for all items \$5,000 and higher or your local capitalization level if it is lower than \$5,000. If multiple like items are being reported, simply state “see attached” in the space and attach a list of items and their serial numbers.
- Be mindful that the amount listed at the bottom of each DIF, under Total, is the same amount that is reflected on the FCR and Voucher.
- Submit MWBE reporting forms, if required.

Navigating E-Grants and Quarterly Reporting

Questions?

Amendments

Amendments

Amendment Reminders

- Once your contract is executed, it may be necessary to request an amendment. Common amendment types include:
 - Reallocation to update budget category amounts or revise items outlined in your current budget
 - Extension of period of performance to allow additional time to complete your project
 - Workplan change to update project activities and objectives
- You must contact your contract representative to discuss and obtain approval for any changes to your contract.

Amendments

E-Grants

Project Grid

Click on a Project number to view information for that Project. (click on column heading to sort by that column); or add a new Project.

New < < > > Total Records: 2, Page 1 of 1

Project #	Attachment	DHSES #	Participant	Representative	Project Status
LE16-1052-E00	yes	WM16777777	Test County	Carol Stumpf	Amendment Pending
LE16-1052-E01	yes	WM16777777	Test County	Carol Stumpf	New

Project Attachment Progress Site Review Financial Property

Help Logout

Login ID: tgrantee
Change Password

4.3.19

- All amendment requests must be submitted in writing.
- Your contract representative will review the request and initiate the amendment in E-Grants.
- The Project ID# is incremented with each amendment. In the example above, one amendment has been requested.

Project		Project #: LE16-1052-E01 LETPP/SLETPP		Project Status: New						
Participant: Test County		General	Participants	Work Plan	Budget	Funding Allocation	Questions	Conditions	Acceptance	
Home Open Save Submit Go to Attachment Progress Site Review Financial Property Reports Application Help Logout Login ID: tgranteee 4.3.19	Complete screen information and save. Add a National Priority and Program Purpose Area (if applicable). Once finished, proceed to Participants tab. For contract certifications, appendices and supporting documentation, please visit the DHSES website for available downloads. When you have completed your application, click the SUBMIT link in the left margin. Remember, you will no longer be able to edit your application once it has been submitted.									
	Project Title * (60 Character Limit)		<input type="text" value="Test"/>							
	Project Start Date		<input type="text" value="09/01/2017"/>	(If known or applicable)			Submission Date		<input type="text" value="02/09/2017"/>	
	Project End Date		<input type="text" value="08/31/2021"/>	(If known or applicable)			Grant Funds		<input type="text" value="\$10,000.00"/> <input type="text" value="100.00%"/>	
	Project Period		Years 4 Months 0							
County *		<input type="text" value="Albany"/>								
Summary Description of Project * (Please limit to one or two paragraphs)		<input type="text" value="test"/>								

The project has been submitted.

[Close](#)

- Once the requested changes have been made in E-Grants, your contract representative will notify you to review the changes and submit the amended project.

Project		Project #: LE16-1052-E01 LETPP/SLETPP		Project Status: Application Received				
Participant: Test County								
Home Open	General	Participants	Work Plan	Budget	Funding Allocation	Questions	Conditions	Acceptance
	This page is locked from editing.							
Go to Attachment Progress Site Review Financial Property	Complete screen information and save. Add a National Priority and Program Purpose Area (if applicable). Once finished, proceed to Participants tab. For contract certifications, appendices and supporting documentation, please visit the DHSES website for available downloads. When you have completed your application, click the SUBMIT link in the left margin. Remember, you will no longer be able to edit your application once it has been submitted.							
	Project Title * (60 Character Limit)	Test						
Reports Application Deficiency Draft Contract	Project Start Date	09/01/2017	(If known or applicable)	Submission Date	01/25/2021			
	Project End Date	08/31/2021	(If known or applicable)	Grant Funds	\$10,000.00 100.00%			
	Project Period	Years 4 Months 0		Matching Funds	\$0.00 0.00%			
Help Logout	County *	Albany			Total Funds \$10,000.00			
	Summary Description of Project * (Please limit to one or two paragraphs)							
Login ID: tgrantee	test							
4.3.19								

- The status of the amended project will change to Application Received.
- The amendment will be reviewed and processed in the same manner as the original contract.



Navigating E-Grants and Quarterly Reporting

Questions?

THANK YOU!

DHSES Grants Program Administration (GPA)

Grants Hotline: 866-837-9133

E-Mail: Grant.Info@dhses.ny.gov